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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N95000002123** ✓

1. Corporation Name

THE HOLLYWOOD BOULEVARD THEATRE, INC.

Principal Place of Business
 1938 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020

Mailing Address
 1938 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

~~95-0000016~~ 65-0577816

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAXMAN, JERRY
 1938 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD WAXMAN, JERRY**
 STREET ADDRESS **1938 HOLLYWOOD BLVD**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **MDVP SIMMONS, ELLEN**
 STREET ADDRESS **5321 GATE LAKE RD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 333**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DS DANNENBAUM, ELEANOR**
 STREET ADDRESS **331 RIVER BRANCH CIRCLE**
 CITY-ST-ZIP **ELKINS PARK PA 19027**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DM DALTON, DON**
 STREET ADDRESS **97 JUNIPER RD**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DM GOTTLIEB, KENNETH**
 STREET ADDRESS **125 N 46TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry Waxman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/10/99 954 929 5400

Date Daytime Phone #

CR2E037 (1/198)