

FILE NOW: FILING FEE IS \$61.25

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**

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90017 004 \*\*\*\*61.25

07-14-1999 90017 003 \*\*\*\*\*8.75



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/27/1995**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0577816**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

23

28

Zip Country

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 **PD** ☐ DELETE  
NAME **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 **MDVP** ☐ DELETE  
NAME **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 **DS** ☐ DELETE  
NAME **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 **DM** ☐ DELETE  
NAME **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 **DM** ☐ DELETE  
NAME **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:

**SIGNATURE OF REGISTERED AGENT**  
**JERRY WAXMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**6/10/99 954 929 5400**  
Date Daytime Phone #

CR2E037 (1/198)