

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 # N97000005026

1. Corporation Name
Fiesta Tropicale of Hollywood

Principal Place of Business Mailing Address
1940 HARRISON STREET POST OFFICE BOX 510
HOLLYWOOD FL HOLLYWOOD, FL
33020 33022-0510

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 **1940 HARRISON STREET** 26 **POST OFFICE BOX 510** 09/04/97
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MEZZ. B** 27
City & State City & State
23 **HOLLYWOOD FL** 28 **HOLLYWOOD FL**
Zip Country Zip Country
24 **33020** [25] **USA** 29 **33022-0510** [30] **USA**

9. Name and Address of Current Registered Agent

LANCE MERRER

10. Name and Address of New Registered Agent

81 Name **KAY SPITZER**
82 Street Address (P.O. Box Number is Not Acceptable)
1850 MONROE STREET
83
84 City **HOLLYWOOD** FL 85 Zip Code **33020**

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 **Kay Spitzer**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1.1 TITLE **PK**
1.2 NAME **DAVID ERICKSON**
1.3 STREET ADDRESS **1460 SHERIDAN ST #13**
1.4 CITY-ST-ZIP **HOLLYWOOD FL 33020**
2.1 TITLE **UP**
2.2 NAME **PRESIDENT**
2.3 STREET ADDRESS **JOHN STENGEL**
2.4 CITY-ST-ZIP **3501 N. 54 AVENUE**
2.5 TITLE **T**
2.6 NAME **HOLLYWOOD FL 33021**
2.7 STREET ADDRESS **TREASURER**
2.8 CITY-ST-ZIP **HAY SPITZER**
2.9 TITLE **S**
2.10 NAME **1850 MONROE STREET**
2.11 STREET ADDRESS **HOLLYWOOD FL 33020**
2.12 CITY-ST-ZIP **SECRETARY**
2.13 NAME **GARY KRAMER**
2.14 STREET ADDRESS **1238 POLK STREET**
2.15 CITY-ST-ZIP **HOLLYWOOD FL 33020**
2.16 TITLE **DIRECTOR**
2.17 NAME **STACY HUMPHAN**
2.18 STREET ADDRESS **4992 SW 31 TERRACE**
2.19 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**
2.20 TITLE **DIRECTOR**
2.21 NAME **DOROTHY KLEIN**
2.22 STREET ADDRESS **808 S.E. 8 STREET**
2.23 CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D**
1.2 NAME **DIRECTOR**
1.3 STREET ADDRESS **CHELY VARGO**
1.4 CITY-ST-ZIP **3124 S.W. 50 STREET**
2.1 TITLE **D**
2.2 NAME **DIRECTOR**
2.3 STREET ADDRESS **STACY HUMPHAN**
2.4 CITY-ST-ZIP **4992 SW 31 TERRACE**
3.1 TITLE **D**
3.2 NAME **DIRECTOR**
3.3 STREET ADDRESS **DOROTHY KLEIN**
3.4 CITY-ST-ZIP **808 S.E. 8 STREET**
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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: **DJ E**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/99 954-926-3322

FILED

99 SEP 27 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (11/98)