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 # N98000003571

1. Corporation Name

NEW ERA OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

1931 PEMBROKE RD. HOLLYWOOD FL 33020 1931 PEMBROKE RD. HOLLYWOOD FL 33020

FILED May 07, 1999 8:00 am Secretary of State

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2. Principal P	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21 5A	ME AS ABOVE	SAME A	ر ک	4BOVE	06/16/1998	, 			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For		
22		27			65-0887233		Applicable		
City & State	<u></u>	City & State			5. Certifcate of Status Desired	\$8.75 A			
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be		
24 SAT	nt 25 USA 2	29 30)		Trust Fund Contribution	Added to	Fees		
	9. Name and Address of Current Re		<u> </u>		10. Name and Address of New Registe	ered Agent			
			81	Name					
OLOGIN A LOGV			92	82 Street Address (P.O. Box Number is Not Acceptable)					
OLOFIN, A.J. REV.			32	Street Address (F.O. Box Number is Not Acceptable)					
1931 PEMBROKE RD. HOLLYWOOD FL 33020			83						
HULLIWU	OD FL 33020					95 7:- C			
			84	City		FL 85 Zip C	ode		
11. Pursuant	to the provisions of Sections 617 0502 an	nd 617.1508. Florida Statutes.	the above	e-named corpor	ration submits this statement for the purpor	se of changing its r	egistered		
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		41027			when reinstating) DAT	re	}		
12.	Signature, typed or printed name of registered agent and OFFICERS AND D		13.	t signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12		
	DP OFFICERS AND D	DELETE	1.1 TITLE			☐ Change	Addition		
TITLE	- '		1.2 NAME				_		
NAME	OLOFIN, A.J. REV.		I -						
STREET ADDRESS	2506 FUNSTON ST.			ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020	☐ DELETE	1.4 CITY-S	T-ZIP		☐ Change	Addition		
TITLE	DS.	F" DEFEIR	2.1 TITLE			[] Orange			
NAME	OORDAT, EOD		2.2 NAME						
STREET ADDRESS	2000 01101011 01:		1	FADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY- S	IT- ZIP		Change	Addition		
TITLE	DT	☐ DELETE	. 3.1 TITLE			Change	Addition		
NAME	OLOFIN, SADE A		3.2 NAME						
STREET ADDRESS	2506 FUNSTON ST.		3.3 STREET	FADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4. CITY- 8	T-ZIP			—		
TITLE		☐ DELETÉ	. 4.1 TITLE			☐ Change	☐ Addition		
NAME			4. 2 NAME				Ì		
STREET ADDRESS	*#		4.3 STREET	F ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE	Ì		☐ Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS			1		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS			ļ		
CITY-ST-ZIP			6.4 CITY-S	T-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, of the accuracy of the corporation of the corpora

SIGNATURE: