FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF DIVISION OF DOCUMENT # P9200006567 (1)

HOLLYWOOD THEATRE MANAGEMENT CORPORATION

Principal Pier	ce of Business	Mailing Address				
8620 BEULAH		P.O. BOX 10145				
PENSACOLA FL 32526		PENSACOLA FL 32524		DO NOT WRITE IN THIS SPACE		
US		U\$			3. Date Incorporated or Qualified	SPACE
					11/19/1992	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	····		59-3152837	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6 Florian Company Shapeles		
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip Cou		ry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		I Name	10. Name and Address of New Registered	Agent
	strada, ronald 20 Be ulah RD					
	ENSACOLA FL 32526		8:	Street Add	ress (P.O. Box Number is Not Acceptable)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HONOODA I E OESZO		8:	3		
						- Tarl 3: 0 - 7
			84	City	Fl	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.		ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	ESTRADA, RONALD 8620 BEULAH RD		1.2 NAME			
STREET ADDRESS	PENSACOLA FL		1	T ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY - 2.1 TITLE			Change Addition
NAME	RIVERS, PATRICK L.		2.2 NAME			
STREET ADDRESS	11600 LORRAINE RD D-1		23 STREE	T ADDRESS		
CITY-ST-ZIP	GULFPORT MS		2. 4 CITY	-ST-ZIP		
TITLE	·	☐ DELET E	3.1 TITLE	- 1		Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS CITY-ST-ZIP			3.3 STREE	T ADDRESS		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAMI			·
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	į.		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	31- ZIP		Change Addition
NAME		**************************************	6.2 NAME			_
STREET ADDRESS			1	T ADDRESS		
CITY-\$1-ZIP			6.4 CITY-			
14. I hereby of indicated	certify that the information supplied for this annual report or supplement	with this filing does not qualify to	for the exemp	otion stated in	Section 119.07(3)(i), Florida Statutes. I further cure shall have the same legal effect as if made un	ertify that the information
onicer or	director of the corporation or the record Block 13 if changed, or on an att	ceiver or trustee emboowered to	execute this	report as req	uired by Chapter 607, Florida Statutes; and that	my name appears in