

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033287 (2)

1. Corporation Name

CRUISING HOLLYWOOD STYLE, INC.

Principal Place of Business

**127 NORTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

Mailing Address

**127 NORTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
05/06/1993

3a. Date of Last Report
04/29/1994

4. FID Number
59-3234871

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

24. ZIP

25. COUNTY

29. ZIP

30. COUNTY

9. Name and Address of Current Registered Agent

**NOVAK, DARYL
127 NORTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

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 607.0902 and 607.1508, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent, Registered Agent or Officer

Signature of Registered Agent, Registered Agent or Officer

Signature

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
NOVAK, DARYL
127 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
NOVAK, KATHERINE
127 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32952**

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Law No. 199 (2) (3) (4) 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95

407-452-4110
Telephone Number