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

CORPORATION **ANNUAL REPORT** 

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000064002 (7)

WOLFIES HOLLYWOOD RESORT, INC.

Principal Place of Business Mailing Address 2015-2027 PLUNKETT STREET 2015-2027 PLUNKETT STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6351 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0438585 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes ☐ Yes ☐ No 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAYNE, STEPHEN M 81 Name 3900 HOLLYWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE EAST** HOLLYWOOD FL 33021-6732 83 84 City Zio Code 11. Pursuant to the provisions of Sections 607.0502 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 607.0505. Florida Statutes. SIGNATURE Signalure, typod or printed name of registered agent and lete it applicable (NO°L: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE Change 1.111111 \_\_\_ Addition LANG, WOLFGANG NAME 1.2 NAME 2027 S. PLUNKETT ST. STREET ADDRESS 1.3 STREET ADDRESS **HOLLYWOOD FL** CITY-ST-ZIP 1.4 CHY+S1+ZIP TITLE DELETE 2.1 THLE Change Addition 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. # C(1Y - S1 - Z(P TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-\$1-7P DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADORESS

6.4 CITY - ST - ZIP 14. I do 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 armual 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 trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 at attachmost with an address.

address.