

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000070401 (3)**  
 1. Corporation Name  
**THC - HOLLYWOOD, INC.**



Principal Place of Business <b>1859 VAN BUREN ST HOLLYWOOD FL 33022- US</b>	Mailing Address <b>6600 W-CHARLESTON- SUITE-148- LAS VEGAS NV-89102-1067- US</b>
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3. Date Incorporated or Qualified <b>10/11/1993</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>65-0441533</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1859 Van Buren Street</b>	2a. Mailing Address 26 <b>5110 West Sahara Ave.</b>
22 Suite, Apt. #, etc <b>--</b>	27 Suite, Apt. #, etc. <b>--</b>
23 City & State <b>Hollywood, Florida</b>	28 City & State <b>Las Vegas, Nevada</b>
24 Zip <b>33020</b>	25 Country <b>USA</b>
29 Zip <b>89102</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO CONTE, RICHARD L <del>6600 W-CHARLESTON #118- LAS VEGAS NV-</del></b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5110 West Sahara Avenue Las Vegas, NV, 89102</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P- LAUGHLIN, JAMES R- <del>6600 W-CHARLESTON #118- LAS VEGAS NV-</del></b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Lindheimer, Jack H. 4519 N. Rosemead Blvd. Rosemead, CA, 91770</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP EISEMAN, PAUL R. <del>6600 W-CHARLESTON #118- LAS VEGAS NV-</del></b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Thomas, Robert L. 1144 Mainsail Drive Annapolis, MD, 21403</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFOD SIMPSON, WENDY L. <del>6600 W-CHARLESTON #118- LAS VEGAS NV-</del></b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5110 West Sahara Avenue Las Vegas, NV, 89102</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FLEISCHMANN, MARTLY <del>650 CALIFORNIA ST, SUITE 2550 - SAN FRANCISCO CA-</del></b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Shires, Dana L., Jr., M.D. 2111 Swann Avenue Tampa, FL, 33606</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary Kopta, Julia 5110 West Sahara Avenue Las Vegas, NV, 89102</b>

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Julia Kopta* **REQUIRED** **4/10/97** **(702) 257-3600**  
 JULIA KOPTA, Secretary Date Daytime Phone

CR2E034 (9/96)