FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000006346 (8)**

1. Corporation Name

HOLLYWOOD ACRES, INC.

Principal Place of Business	Mailing Address
303 N. KROME AVENUE HOMESTEAD FL 33030 US	303 N KROME AVENUE HOMESTEAD FL 33030

3. Date Incorporated or Qualified: **01/26/1994**
3a. Date of Last Report: **03/27/1995**

4. FEI Number: **65-0464544** ☐ 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	2a. Mailing Address
21 303 N. Krome Ave.	26 303 N.Krome Ave
Suite, Apt. #, etc. 22 Ste-104	Suite, Apt. #, etc. 27 Ste-104
City & State 23 Homestead, Fl.	City & State 28 Homestead, Fl.
Zip / Country 24 33030 / 25 Dade	Zip / Country 29 33030 / 30 Dade

9. Name and Address of Current Registered Agent

STEVEN, V. C
303 N
HOMESTEAD FL 3303

typed wrong address incomplete

10. Name and Address of New Registered Agent

81 Name: Steven V.Cappiello
82 Street Address (P.O. Box Number is Not Acceptable): 303 N. Krome Ave.
83 Ste-104
84 City: Homestead, FL 85 Zip Code: 33030

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEVEN V. COPPIELLO 303 N. HOMESTEAD FL	☐ DELETE typed wrong	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Steven V. Cappiello 303 N.Krome Ave. Ste-104 Homestead, Fl. 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVEN V., COPPIELLO 303 N. KROME AVE HOMESTEAD FL	☐ DELETE typed wrong	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice -President Steven V. Cappiello 303 N.Krome Ave. Ste-104 Homestead, Fl. 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CAPPIELLO, STEVEN 303 N. KROME AVE HOMESTEAD FL 33030	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	STD Steven V. Cappiello 303 N.Krome Ave. Ste-104 Homestead, Fl. 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Steven V. Cappiello — 1-26-96 — 305-247-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #