

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 # P94000009673 (2)

1. Corporation Name

HOLLYWOOD CLASSIC MOTORCARS, INC.



Principal Place of Business

Mailing Address

363 ANSIN BLVD.
HALLANDALE FL 33009

363 ANSIN BLVD.
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

05/02/1995

4. FEI Number

65-0472374

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

10. Name and Address of New Registered Agent

~~PRICER, VALERIE~~ PRICE, VALERIE
363 ANSIN BLVD.
HALLANDALE FL 33009

81 Name VALERIE PRICE

82 Street Address (P.O. Box Number is Not Acceptable)
363 - ANSIN BLVD.

83

84 City HALLANDALE,

FL

85 Zip Code

33009

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

Valerie Price VALERIE PRICE 1-19-96

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ~~PRICER, VALERIE~~ PRICE, VALERIE
STREET ADDRESS 363 ANSIN BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME VALERIE PRICE
1.3 STREET ADDRESS 363 - ANSIN BLVD.
1.4 CITY-ST-ZIP HALLANDALE, FLORIDA 33009

TITLE ☐ DELETE
NAME
STREET ADDRESS

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS

7.1 TITLE ☐ Change ☐ Addition
7.2 NAME
7.3 STREET ADDRESS

CITY-ST-ZIP

8.1 CITY-ST-ZIP

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)(k), 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:

Valerie Price VALERIE PRICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 - (305) 454-4641

Date

Daytime Phone #

CR2E034 (12/95)