

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000012884 (0)

1. Corporation Name
HOLLYWOOD PARK, INC.



Principal Place of Business
13205 KEYSTONE TERRACE
N MIAMI FL 33181

Mailing Address
13205 KEYSTONE TERRACE
N MIAMI FL 33181

3. Date Incorporated or Qualified 02/14/1994 3a. Date of Last Report 07/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0448545	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

MANDEL, MARVIN
13205 KEYSTONE TERRACE
N MIAMI FL 33181

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if not applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	HERSMAN, MOSES	12. NAME	
STREET ADDRESS	1047 KANE CONCOURSE	13. STREET ADDRESS	
CITY-STATE-ZIP	BAY HARBOR ISLANDS FL 33154	14. CITY-STATE-ZIP	
TITLE	PD ☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	MANDEL, MARVIN	22. NAME	
STREET ADDRESS	13205 KEYSTONE TERRACE	23. STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI FL 33181	24. CITY-STATE-ZIP	
TITLE	VD ☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME	BIELER, ARTHUR	32. NAME	
STREET ADDRESS	3000 ISLAND BLVD #1003	33. STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI BEACH FL 33160	34. CITY-STATE-ZIP	
TITLE	VD ☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME	BIELER, BERNARD	42. NAME	
STREET ADDRESS	2700 N 29 AVE #204	43. STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL 33020	44. CITY-STATE-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 19.07(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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Period

CR2E034 (12/95)