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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

	1999				
DOCUI 1. Corporation DIXIE A	MENT # P9400 APARTMENTS OF HOLLYW	0020775 (0) 000, INC.			1811
Deignie al Diag	at Durings	Mail Address		1.00 (70 B) HO (0) () (0) () 40 (H) BE () 80 () E	FO IN BOTH 18011 ILOUR DIST 1081
] -		Mailing Address		•	
		1680 SW 53RD AVE			
PLANTATION FL 39317 FEMILIA		PLANTATION FL 33317		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				03/14/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0499905	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζiρ	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent
SU	BHASH R PURANIK		81 Name		
300 N.W. 70TH AVENUE			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
SUITE 202					
PLANTATION FL 33317			63		
			84 City		■ 85 Zip Code
				F	L T
11. Pursuant	to the provisions of Sections 607.05	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered		
agent la	egistered agent, or both, in the stat m familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statutes.	itation's board of directors. Thereby accept the a	ppointment as registered
SIGNATURE	Mamae			4/57	78
	Signature, typed or printed name of registered as	perfand tilk dapplicable (NOI	Registered Agent signature re	quired when reinstating) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
, TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	1.1 TITLE		Change Addition
NAME	PURANIK, SUBHASH		1.2 NAME	-	
STREET ADDRESS	1680 SW 53RD AVE		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	PLANTATION FL 33317	- I or ere	1.4 CITY-ST-ZIP	<u> </u>	
TMLE	D CALIDANINA MAGAACTI	☐ DELETE	2.1 TITLE		Change Addition
NAME	PURANIK, VASANTI		2.2 NAME	-,	
STREET ADDRESS	1680 SW 53RD AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	C of the	2. 4 CITY-ST-ZIP		[] ()
TITLE		DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ beceig	4.1 TITLE		Citaings
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T on the	4.4 CITY-ST-ZIP		1 6 mm
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T priese	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
HAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZiP		

14. I 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

Minn X

4/5/78

954-584-8500