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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 24 1997 8:00am Secretary of State

| DOCUMENT # P9400021675 (1) 1. Corporation Name HOLLYWOOD BUILDING SUPPLY, INC. Principal Place of Business Mailing Address 5245 SW 90 AVENUE COOPER CITY FL 33328 COOPER CITY FL 33328-5110 | | | | | | | |
|--|--|--|---|--|-----------------------|---------------------------------|------------------------------|
| | | | | Date Incorporated or Qualifie 03/16/1994 | | ate of Last R /22/1996 | eport |
| | lace of Business Griffin Road | 2a. Mailing Address | | 4. FEI Number 65-0472268 | | ├1 - | oplied For ot Applicable |
| Suite, Apt | | Suite, Apt. #, etc. | ···· | 5. Certificate of Status Desired | | \$8.75 | Additional |
| 2] C⊈y & State | 6 4 | City & State | | 6. Election Campaign Financing | | | May Be |
| Coope | er City, FW | 28 | | Trust Fund Contribution | <u></u> | | may be to Fees |
| ^{Zip} 3334 | Country 25 USA | Zip | Country | 8. This corporation has liability | | | . 199.032, |
| 1 3330 | 入り [25] ひつ门 9. Name and Address of Currer | | 30 | Florida Statutes 10. Name and Address of New | Y Yes Registered | | |
| BUT | LER, BRUCE S | | B1 Name | Butler, Bruce S | | | |
| | 1 WEST MCNAB ROAD | | 82 Street Ac | ddress (P.O. Box Number is Not Accer | otable) (| | |
| | TE 103 IARAC FL 33321 | | 83 | 1709 West Sampl | e Ko | 20L_ | |
| IAM | IAMAC FL 33321 | | | | | | |
| | | | 84 City | Coral Springs | FL | 85 Zip | Code 1065 |
| II. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statute | s, the above-named co | corporation submits this statement for the oration's board of directors. I hereby ac | ne purpose (| of changing it | s registered |
| Office of r | egistered agent, or both, in the State | e of Florida. Such change was at | | | | pointment as | registerea |
| agént, r ai | m tamiliar with, and accept the oblig | ations of, Section 607.0505, Flor | rida Statutes | Station a board of directors. This object | Joopi iiie u p | • | |
| SIGNATURE | | rations of, Section 607.0505, Flor | rida Statutės | | | · | ····· |
| SIGNATURE. | Signature, typind or perclied name of registered age | ent and title (applicable. (NOTE: | rida Statutes. Registered Agent signature re | equired when reinstating) | DATE | | |
| SIGNATURE | Signature, typind or perclied name of registered age | rations of, Section 607.0505, Flor | rida Statutės | | DATE | | |
| SIGNATURE. | Signature, typed or precised name of registered age OFFICERS AN | ent and title (appricable. (NOTE: | rida Statutes Registered Agent signature re 13. | equired when reinstating) | DATE | D DIRECTOR | RS IN 12 |
| SIGNATURE. | Signature, typind or per lind name of registered age OFFICERS AN D RIZZI, DANIEL 5245 SW 90 AVENUE | ent and title (appricable. (NOTE: | Registered Agent signature re 13. 1.1 TIFLE | equired when reinstating) | DATE | D DIRECTOR | RS IN 12 |
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