May 04, 1999 8:00 am Secretary of State

05-04-1999 90116 014 \*\*\*150.00

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000021675

1. Corporation Name

HOLLYWOOD BUILDING SUPPLY, INC.

COOPER CITY FL 33328

RIZZI. ELLEN R

5245 SW 90 AVE

COOPER CITY FL

	ace of Business	Mailing Address			į			
9124 GRIFFIN ROAD COOPER CITY FL 33328 US		5245 SW 90 AVENUE COOPER CITY FL 33328		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 03/16/1994			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applie	ed For
21		26			65-0472268		Not A	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St	itate	City & State		*	6. Election Campaign Financing Trust Fund Contribution		5.00 Ma	•
Zip	Country 25	Zip	Country		This corporation owes the current yes     Personal Property Tax.	ear Intangibl		]No
	9. Name and Address of Curr		<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New Regis	tered Agent	t	
			81	Name				
BU	JTLER, BRUCE S		82	Ctroot Add	dress (P.O. Box Number is Not Acceptable)			
97	'09 W SAMPLE ROAD		62	Sileet Aud	Tess (P.O. Box Number is Not Acceptable)			
CC	ORAL SPRINGS FL 33065		83					
			84	City	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip Coo	de
í office o	int to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am familiar with, and accept the obli	te of Florida. Such change was aut	horized by	the corporati	poration submits this statement for the purption's board of directors. I hereby accept the	se of chang appointmen	jing its reg it as regis	gistered tered
SIGNATUR	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE; R	legistered Ager	t signature require	ed when reinstating) D/	ATE		—
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	RS AND DIF		
TITLE	D	☐ DELETE	1.1 TITLE	F	PVST	□c	hange	Addition
NAME	RIZZI, DANIEL		1.2 NAME	1 ′	1.101.			
STREET ADDRES	ss 5245 SW 90 AVENUE		1.3 STREET	ADDRESS				

3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

DELETE

DELETE

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 appear with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ALUREDAMEDIJKIZID

CR2E034 (11/98)

Addition |

Addition

Change

Change