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
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **P94000043673 (0)**

1. Corporate Name
HOLLYWOOD BEACH QUALITY RESORT REALTY SALES INC.

Principal Place of Business
101 N. OCEAN DRIVE
SUITE 116
HOLLYWOOD FL 33019

Mailing Address
101 N. OCEAN DRIVE
SUITE 116
HOLLYWOOD FL 33019

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Street, Apt. #, etc.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1994

4. FEI Number
65-0527484
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 owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [X] No

9. Name and Address of Current Registered Agent
HERSHMAN, LAWERENCE M
315 OREGON ST.
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, and 607.1005, 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. The 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

12. OFFICERS AND DIRECTORS

DPST HERSHMAN, LAWERENCE M 598 S.W. 15TH ST. BOCA RATON FL	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	[X] Change [ ] Add/Delete 315 OREGON ST Hollywood, FL 33019
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	[ ] Change [ ] Add/Delete
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	[ ] Change [ ] Add/Delete
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	[ ] Change [ ] Add/Delete
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	[ ] Change [ ] Add/Delete
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	[ ] Change [ ] Add/Delete

14. I hereby certify that the corporation named in this application qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 is added in Block 13 with an office title.

SIGNATURE: LAWRENCE M. HERSHMAN