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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P9400 NET HOLLYWOOD TRANSP	OOO90886 (I	0)		171 14110 JUN 1480	
Principal Plac	e of Business	Mailing Address				
7380 SAND LAKE RD. SUITE 600 ORLANDO FL 32819		7380 SAND LAKE R SUITE 600 ORLANDO FL 32819 US	-	3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal F	Place of Business	2a. Mailing Address		12/15/1994 03/27/19 4. FEI Number 59-3286949 A	pplied For	
26		26		1001150 500	lot Applicable	
Suite, Apt. #, etc. 27		Suite, Apt. #. etc.		5. Certificate of Status Desired TX \$8.75	Additional lequired	
Orty & State		City & State			\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country <b>25</b>	Ζφ <b>29</b>	Country 30	B. This corporation has liability for intangible tax under s     Fiorida Statutes		
	g. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Agent		
44450	WINI DUDGE IS		81 Name			
	SHALL, BYRD F JR.		82 Street	Address (P.O. Box Number is Not Acceptable)		
201 EAST PINE ST. SUITE 1200			83			
	NDO FL 32801					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to registered agent or both in the Statute file.			84 City		Code	
SIGNATURE 12.	<del></del>	D D:RECTORS	OTE: Bug stired Apent signature  13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
NAME	DPCE DEFITE  EARL, ROBERT I  ADDRESS 7380 SAND LAKE RD., STE. 650		1 1 TITLE	Change	Addition	
STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	000	14 CHY - ST - Z:P			
TITLE	DS	☐ DELETE	2 1 TITLE	C X Change	☐ Addition	
NAME	Barish, Keith		2.2 NAME		_	
STHEET ADDRESS	110 111 011, 101111 20011		2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY	DELCTI:	2.4 CHY-ST ZIP			
TITLE NAME	TCEA	☐ DELETE	3 1 TITLE	☐ Change	☐ Addition	
STREET ADDRESS	AVALLONE, THOMAS 7380 SAND LAKE ROAD, #	iern	3 2 NAME			
CITY-ST-ZIP	ORLANDO FL	.000	3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
THILE	SVP	DELETE	4 1 DfcE	Change	Addition	
NAME	JOHNSON, SCOTT E	_	4.2 NAME	i Chungo		
STREET ADDRESS	7380 SAND LAKE ROAD, #	650	4.3 STHEET ADDRESS			
CITY - ST - ZIP	ORLANDO FL		44 CHY-ST ZiP			
TITLE		☐ DELETE	5 1 TITLE	☐ Change	Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		FT DELETE	5 4 CITY - ST - ZIP			
TITLE NAME		DELETE	6 1 TILLE 62 NAME	0000017787号७° -04/12/ <u>9</u> 601078004	☐ Addition	
STREET ADDRESS				-04/12/9601078004	ŀ	
CITY - ST - ZIP			6.3 STREET ADDRESS 6.4 CHTY - ST - ZIP	***208.75		

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the amoual 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 recovery 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 ghangud, or bit an anaddress. Scott E. Johnson,

SIGNATURE:

Scott E. Johnson,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/3//96 407-345-5300 Dayne Profes