FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

*PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019107 1. Corporation Name

HOLLYWOODISTAWN CARE INC

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90047 029 ***150.00

INCLLI	WOOD S LAWIN CARE, INC.))
)							
Principal Pla	ce of Business	Mailing Address			1 15011-01 110 13101 31111 45111 13111 13111 13111	, 11 910 19101 (18)
4112 W. MAR	IETTA	4112 W. MARIETTA					
TAMPA FL 33	616	TAMPA FL 33616			DO NOT MOTE IN THE	C CDACE	
					DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE	
	•						
2 Principal	Place of Business	2a. Mailing Address			03/06/1995 4. FEI Number		noticed For
21	Flace of Busiliess	26. Mailing Address			59-3230921	<u> </u>	opplied For
Suite, Ap	t # etc	Suite, Apt. #, etc.			39-3230921		lot Applicable Additional
		27			5. Certifcate of Status Desired		Required
City & Sta		City & State			& Floation Compains Financia		_ <u>`</u>
23	• .	28			6. Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Zip	Country	Zip	Count	rv	This corporation owes the current year life		10 1 003
24	25	29	30	.,	Personal Property Tax.	∏ Yes	∑ tNo
	9. Name and Address of Curren				10. Name and Address of New Registered		
		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8	1 Name			
, MA	RTIN, ROBERT J		L				
	2 W. MARIETTA		8	Street Add	dress (P.O. Box Number is Not Acceptable)		
	MPA FL 33616		8	3			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			ا	1			
		-	8	4 City	FI	85 Zip	Code
44.					rporation submits this statement for the purpose of		
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.		red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Р	☐ DELETE	1.1 TITLE	1	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	☐ Addition
NAMÉ	MARTIN, ROBERT J		1.2 NAME	1			
STREET ADDRESS			1.3 STRE	ET ADORESS			
CITY-ST-ZIP	TAMPA FL 33616		1.4 CITY-				
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME	.			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP-	ال الراقية فيتستب الربيانة المستق		
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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 amountainment with an address, with all other like empowered.

(813) 831-0684 Daytime Phone #