

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000030612 (2)

1. Corporation Name

HOLLYWOOD PROPERTY MANAGEMENT, INC.

Principal Place of Business

1399 S.W. FIRST AVENUE  
4TH FLOOR  
MIAMI FL 33130

Mailing Address

1399 S.W. FIRST AVENUE  
4TH FLOOR  
MIAMI FL 33130-4327



3. Date Incorporated or Qualified

04/18/1995

3a. Date of Last Report

03/21/1996

4. FEI Number

65-0582424

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 5820 MIAMI LAKES DRIVE

Suite, Apt. #, etc.

27 City & State

28 MIAMI LAKES FL

Zip

29 33014

Country

30 USA

9. Name and Address of Current Registered Agent

COHEN, LEWIS R  
1399 S.W. FIRST AVENUE  
4TH FLOOR  
MIAMI FL 33130

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 Sections 607.0502 and 607.1508, 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. Such 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

(Signature required for principal or registered agent and filer if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	COHEN, WILLIAM	5820 MIAMI LAKES DRIVE	MIAMI LAKES FL 33014	<input type="checkbox"/>
VD	AGER, RONALD	5820 MIAMI LAKES DRIVE	MIAMI LAKES FL 33014	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 attachment with an address.

SIGNATURE:

*[Signature]*

RONALD AGER

2/18/97

(305) 556-4601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0170001

CR2E034 (9/96)