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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 21 1998 8:00am

Secretary of State

P95000030612 (2) DOCUMENT #

HOLLYWOOD PROPERTY MANAGEMENT, INC.

1399 S.W. FIRST AVENUE 5820 MIAMI LAKES DR. MIAMI LAKES FL 33014 4TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33130 3. Date Incorporated or Qualified <u>04/19/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 65-0582424 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Žip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name COHEN, LEWIS R 1399 S.W. FIRST AVENUE Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR 83 **MIAM! FL 33130** 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, typed or presed name of migistered agreet and title 4 apprecable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE PD 1.1 TITLE COHEN, WILLIAM NAME 1.2 NAME 5820 MIAMI LAKES DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL 33014 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE AGER, RONALD NAME 22 NAME STREET ADDRESS **5820 MIAMI LAKES DRIVE** 2 3 STREFT ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition DELETE 31 TITLE NAME 3.2 NAME 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 - 7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

RONALD AGER

5/7/98

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 attachment with an address.