

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000043364 (5)

1. Corporation Name

HOLLYWOOD SUPPLY CO., INC.



Principal Place of Business

814 SOUTH 24TH AVE.
HOLLYWOOD FL 33020

Mailing Address

814 SOUTH 24TH AVE.
HOLLYWOOD FL 33020

2. Principal Place of Business

21 750 N. DIXIE HWY.

Suite, Apt. #, etc.

22

City & State

23 HOLLYWOOD, FL

Zip

24 33020

Country

2a. Mailing Address

26 750 N. DIXIE HWY

Suite, Apt. #, etc.

27

City & State

28 HOLLYWOOD, FL

Zip

29 33020

Country

30

9. Name and Address of Current Registered Agent

AUSTIN, SCOTT R ESQ
HOUSTON & SHAHADY, P.A.
100 N.E. THIRD AVE., SUITE 850
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

4. FEI Number

65-0585638

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

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 typed or printed name of registered agent and date of acceptance

(NOTE: Registered Agent's signature required when needed filing)

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DEMOLINER, ANNE
STREET ADDRESS 750 N. DIXIE HIGHWAY
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE STD ☐ DELETE
NAME DEMOLINER, GINO
STREET ADDRESS 750 N. DIXIE HIGHWAY
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Anne Demoliner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 954-923-7330
Date Daytime Phone #

CR2E034 (12/95)