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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047926 (7)

ALADAN OF HOLLYWOOD, INC.

Principal Place of Business Mailing Address					. 1885 1881 18 38 18 811 83 83			IEIT THE FOOL
200 WEST PA SUITE 101 BOCA RATOR	ALMETTO PARK ROAD	200 WEST PALMETTO PAR SUITE 101 BOCA RATON FL 33432			DO NOT W	RITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualified			
				1	06/20/1995			
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number		A	Applied For
21		26			65-0589876		N.	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	ı 🗀		Additional Required
City & State		City & State	⊢ '		Election Campaign Financir	ıg	\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip	Country		8. This corporation owes or ha			
24	9. Name and Address of Cu		30]		Personal Property Tax due			□ No
		Tellt Neglsteled Agent	81 Name		O. Name and Address of Nev	v Megistered	Agent	
PIN	NES, MICHAEL							
-48	E NW GRANIOH RIVER DEVD	OUTE 210	82 Street	Address	(P.O. Box Number is Not Acce	ptable		
	OA TATON PL 33431	_	B3	φw	· raimetto Par	K Va.		
Se	ame as ABovi	E	" 77	- 101	1			
			B4 City 7	2000	Paden		85 Z ₁ 0	Codes >
44 0				5000	<i>Katon</i>	<u> </u>		5426
office or r	to the provisions of Sections 607. registered agent, or both, in the Si	0502 and 607.1508, Florida St atutes ate of Florida. Such change was au	s, the above-named ithorized by the core	l corporat poration's	tion submits this statement for t s board of directors. I hereby a	he purpose of ccent the ann	changing i	its registered s registered
agent. I a	am familiar with, and accept the ob	oligations of, Section 607.0505, Flori	ida Statutes.		,	000000000000000000000000000000000000000	01.1011.011.0	, rogiotoros
SIGNATURE								
12.	Signature, typed or printed name of registered	l agent and tello if applicable (NOTE: AND DIRECTORS	Regislered Agent signature	required wh		DATE	DIDECTO	50.00.00
TITLE	D	DELETE	13. 1.1 TITLE	7	ADDITIONS/CHANGES TO O	FFICERS AND	Change	HS IN 12
NAME	I I		1.2 NAME	Dec	k. Don	(Charige	Addition
	BECK, DON	51 NW 27 Terr		200	CLAND 27 Terr.			
STREET ADDRESS	BOCA DATON EL 20404		1.3 STREET ADDRESS	57	K, Don 51 NW 27 Terr. 50a Raton, FL	₹ 7 ₹	24	
CITY-ST-ZIP TITLE	BOCA RATON FL 33434	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	150	sca harring		☐ Change	Addition
NAME		U DECEL	2.2 NAME				L F Change	L. Audition
STREET ADDRESS								:
			2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2.4 CITY+ST-ZIP 3.1 TITLE	ļ			Change	Addition
NAME			3.2 NAME				L Change	Addition
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP								
TITLE	 	DELETE	3.4. CITY-ST-ZiP 4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME				C Change	L Addition
STREET ADDRESS			4.3 STREET ADDRESS					Ì
CITY+ST-ZIP			4.4 CITY-ST-ZIP					i
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME		 -	5.2 NAME					, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE	<u> </u>	DELETE	6.1 TITLE				Change	Addition
NAME		_	6.2 NAME			'		
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
14. I hereby c	ertify that the information supplied	with this filing does not qualify for	the exemption state	d in Sect	ion 119.07(3)(i). Florida Statuta	s. I further cer	tify that the	information
officer or o	on this annual renort of supplieme	ntal annual report is true and accur. scaiver or trustee empowered to ex-	ate and that my sign	natura ch	i table lengt ames ant aver lier	se if made unz	dar aath: th	atlam on I