

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

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Mar 27 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 # P95000081847 (2)

1. Corporation Name
HOLLINGSWORTH INDUSTRIES, INC.



Principal Place of Business
6210 N.W. 76TH COURT
PARKLAND FL 33067

Mailing Address
6210 N.W. 76TH COURT
PARKLAND FL 33067-2432

3. Date Incorporated or Qualified 10/25/1995	3a. Date of Last Report 02/06/1996
4. FEI Number 65-0616183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2301 W Sam Houston Rd Suite, Apt. #, etc. 22 Bldg # 3, Suite 22 City & State 23 Pompano Beach FL Zip 24 33073	2a. Mailing Address 25 2301 W Sam Houston Rd Suite, Apt. #, etc. 26 Bldg # 3, Suite 22 City & State 27 Pompano Beach FL Zip 28 33073 Country 29 Broward
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9. Name and Address of Current Registered Agent HOLLINGSWORTH, LISA 6210 N.W. 76TH COURT PARKLAND FL 33067	10. Name and Address of New Registered Agent 81 Name Bernard W Mortham 82 Street Address (P.O. Box Number is Not Acceptable) 2301 W Sam Houston Rd 83 Bldg # 3, Suite 22 84 City Pompano Beach FL 85 Zip Code 33073
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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] DATE: 3/20/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME HOLLINGSWORTH, LISA	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Hollingsworth Lisa
STREET ADDRESS 6210 N.W. 76TH COURT	CITY-ST-ZIP PARKLAND FL 33067	1.2 NAME	1.3 STREET ADDRESS 2301 W Sam Houston Rd B-3-Suite 22
TITLE <input type="checkbox"/> DELETE	NAME PVST	1.4 CITY-ST-ZIP Pompano Beach FL 33073	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6210 N.W. 76TH COURT	CITY-ST-ZIP PARKLAND FL 33067	2.2 NAME Hollingsworth Lisa	2.3 STREET ADDRESS 2301 W Sam Houston B-3, Suite 22
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY-ST-ZIP Pompano Beach FL 33073	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS 100002127501
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	5.5 STREET ADDRESS -03/28/97--01103--035
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME ***165.00
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP		

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: Lisa Hollingsworth DATE: 3/21/97 DAYTIME PHONE: 954/979-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)