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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

2301 W. SAMPLE RD.
BLDG. 3 STE. 24
POMPANO BCH. FL 33013

Mailing Address

2301 W. SAMPLE RD.
BLDG. 3 STE. 24
POMPANO BCH. FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1995

4. FEI Number

65-0616183

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 2201 W Sample Rd

Suite, Apt. #, etc.

22 Bldg 9 SUI B

City & State

23 Pompano Beach FL

Zip

24 33013

Country

25 Broward

2a. Mailing Address

26 2201 W Sample Rd

Suite, Apt. #, etc.

27 Bldg 9 SUI B

City & State

28 Pompano Beach FL

Zip

29 33013

Country

30 Broward

9. Name and Address of Current Registered Agent

MARGOLIOS, BERNARD W
2301 W. SAMPLE RD.
BLDG. 3 STE. 24
POMPANO BCH. FL 33013

81 Name

82 margolios, Bernard W.

83 Street Address (P.O. Box Number is Not Acceptable)

84 2201 W Sample Rd

85 Bldg 9 SUI B

86 City Pompano Beach

FL

87 Zip Code

88 33013

10. Name and Address of New Registered Agent

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HOLLINGSWORTH, LISA
STREET ADDRESS 2301 W. SAMPLE RD. B-3 STE 24
CITY-ST-ZIP POMPANO BCH. FL 33013

TITLE ☐ DELETE

NAME PVST HOLLINGSWORTH, LISA
STREET ADDRESS 2301 W. SAMPLE RD. B-3 STE 24
CITY-ST-ZIP POMPANO BCH. FL 33013

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 HOLLINGSWORTH, LISA

1.3 STREET ADDRESS 2201 W Sample Rd B9 SUI B

1.4 CITY-ST-ZIP POMPANO BEACH FL 33013

2.1 TITLE PVST ☒ Change ☐ Addition

2.2 NAME HOLLINGSWORTH, LISA

2.3 STREET ADDRESS 2201 W Sample Rd B9 SUI B

2.4 CITY-ST-ZIP POMPANO BEACH FL 33013

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 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

CR2E034 (10/97)