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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

HOLLY	WOOD HOTELS MANAGE)				
Principal Plac	e of Business	Mailing Address	Mailing Address			. 1201107 110 10110 01111 00111 00111	·
1925 HARRISON STREET HOLLYWOOD FL 33020		1925 HARRISON STREET HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 02/15/1996 	
2. Principal P	2a. Mailing Address	ess			4. FEI Number	Applied For	
21		26				65-0640286	Not Applicable
Suite, Apt #. etc. Suite, Apt. 12 27			etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	8	City & State	├ ──1			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30 Cou	ntry		This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Register	ed Agent
Greenberg, Judith 1925 Harrison Street Hollywood FL 33020				82 83	Name Street Addr	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607,0505, F	authorized Florida Stati	3 by 1 utes.	lhe corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
	Signature, typed or printed name of registered			J Agent	signature requir	red when reinstating) DAT	
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
NAME	GREENBERG, JUDITH	in perceit		1.1 TITLE 1.2 NAME			Change Changer
STREET ADDRESS	1925 HARRISON STREET				DDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		_	Y-ST-	ZIP		
TITLE		☐ DELETE	2.1 TIT	LE			Change Addition
NAME			2.2 NA	ME			
CTOCCT ADDOCCC			22 CT	DEET AT	DDDECC		

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 received 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-manged, or on an attachment with an address.

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 52 NAME 5.3 STREET ADORESS

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

954-927-3341

FILED

May 06 1998 8:00am

Secretary of State

Addition

Addition

Addition

☐ Change ☐ Addition

☐ Change

Change