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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017532 (8)

HOLLYWOOD BEACH BUSINESS ENTERPRISE, INC.

Principal Place of Business

4242 N OCEAN DR HOLLYWOOD FL 33019 Mailing Address

4242 N OCEAN DR HOLLYWOOD EL 33019-41

FILED Jun 03 1997 8:00am Secretary of State



HOLLYWOOD F	£ 33019	HOLLYWOOD FL 33019	14000						
						3. Date Incorporated or Qualified 02/23/1996	3a. Date	e of Last Re	eport
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	-1	Ар	plied For
21	INACTIVE	26							t Applicable
Suite, Apt. :	#, etc.	Suito, Apt. #, etc.				5. Certificate of Status Desired	T	\$8.75 A	
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Z _{(p}	Coi	uniry		8. This corporation has liability for i	ntangible t	ax under s.	. 199.032,
24	25	29	30			Florida Statutes		No	
· · · · · · · · · · · · · · · · · · ·	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent	
GOODALL, BRENDA 4242 N OCEAN DR HOLLYWOOD FL 33019				81 82 83	Name Street Add	et Address (P.O. Box Number is Not Acceptable)			
				84	City		FL	85 Zip (Code
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the Stale m familiar with, and accopt the obliga	of Florida. Such change wa	as authorize	ed by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of o	changing its intment as	s registered registered
	Signature, typed or printed name of registered age			ed Ago	ont signature requ	ared when reinstating)	DATE	0.050500	0.111.40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	GOODALL, BRENDA	☐ DELETE	1.1 T 1.2 N	IAME			L	Change	Addition
STREET ADDRESS CITY-ST-ZIP	4242 N OCEAN DR HOLLYWOOD FL 33019			TREET CITY-S	ADDRESS T-ZIP				
TITLE		☐ DELETE	21 T					Change	Addition
NAME			2.2 N	IAME					
STREET ADDRESS			2.3 9	TREET	ADDRESS				
CITY-ST-ZIP	<u> </u>			CITY - S	ST - 71P			-	To Lander
TITLE		☐ DELETE	3 1 T				L	Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		CITY - S	ST - 7IP			Change	Addition
TITLE		FT DELETE	4.1 T				L	change	☐ Addition
NAME				NAME	ADUBLES				
STREET ADDRESS					ADDRESS				
TITLE		DELETE	4.4 C	OTTE	1-20			Change	Addition
NAME			5.2 N					orange	
ŀ					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELETE	6.11	HTLE	11 · ZIP			Change	Addition
		beetit	6.2 M						
NAME STREET ADDRESS					ADDRESS				
•									
CITY-ST-ZIP	ov certify that the information supplier	with this filing does not a		ATY-S		ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
informatio	in indicated on this annual report or s	upplemental annual report	is true and	accu	irate and tha	at my signaturo shall have the same lega ort as required by Chapter 607, Florida S	l effect as	if made und	der oath: thal