

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000022479 1. Entity Name SHOWPLACE OF HOLLYWOOD, INC.	
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Principal Place of Business
**4102 BUCHANAN STREET
HOLLYWOOD, FL 33021**

Mailing Address
**4102 BUCHANAN STREET
HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0650839	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
STE 601
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

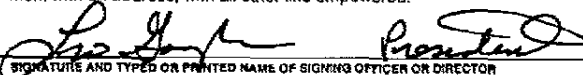
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE STE 601 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAUGHAN, LEO 450 N PARK RD STE 403 HOLLYWOOD, FL 33021
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01/21/04-80012-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04

Date

754-983-6663

Daytime Phone #