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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051016 1. Corporation Name

HOLLYWOOD PARK PHASE II, INC.

Principal Place of Business Mailing Address						######################################
2860 PERSHING STREET 2860 PERSHING STREET						
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed	
					06/13/1996	_
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21 21		26	<u> </u>		65-0678909	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
		27				
City & State		City & State	—¬ ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b>	Country	28	Zip Country		8. This corporation owes the current year Inta	
24	25 29 30		¬ .		Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Currer				10. Name and Address of New Registered	Agent
	DEL SAADIMAL	— —·	81	Name		
MANDEL, MARVIN				Street Add	dress (P.O. Box Number is Not Acceptable)	
	PERSHING STREET LYWOOD FL 33020					
HOL	LTWOOD FL 33020		83		•	
			84	City	FL	85 Zip Code
		1007 4500 Ft-11- Over 1	**		rporation submits this statement for the purpose of	changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was auth	onzed by	the corporal	tion's board of directors. I hereby accept the appoint	ntment as registered
agent, I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	aistered Agen	t signature requi	ired when reinstating) DATE	<del></del>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	MANDEL, MARVIN		1.2 NAME			
STREET ADDRESS	2860 PERSHING STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-S	T-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	BIELER, ARTHUR		2.2 NAME		•	. 1
STREET ADDRESS	2860 PERSHING STREET		2.3 STREET	TADDRESS .	· · · · · · · · · · · · · · · · · · ·	1
CITY-ST-ZIP	HOLLYWOOD FL 33020	The same	2. 4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE	D DEDNARD	☐ DELETE	3.1 TITLE			Clisinge Discussion
NAME	BIELER, BERNARD		3.2 NAME			
STREET ADDRESS	2860 PERSHING STREET		3.3 STREET			,
CITY-ST-ZIP TITLE	HOLLYWOOD FL 33020	☐ DELETE	3.4. CITY-S 4.1 TITLE	IT-ZIP		☐ Change ☐ Addition
NAME	HERSMAN, MOSES	Corre	4. 2 NAME			
STREET ADDRESS	2860 PERSHING STREET		4.3 STREET	T ANDRESS		}
	HOLLYWOOD FL 33020		4.4 CITY-S			
CITY-ST-ZIP TITLE	THE THE OWNER	☐ DELETE	5.1 TITLE	·- ZII		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	T ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ D€LETE 6.11				Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	FADDRESS		

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 suppliemental 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 arrattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-8-99

1-954-922-8500

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90194 008 \*\*\*150.00