

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000057712 (7)

1. Corporation Name  
HOLLYWOOD DESIGN & CONCEPTS INC.



Principal Place of Business  
1720 HARRISON STREET, SUITE 16D  
HOLLYWOOD FL 33020

Mailing Address  
1720 HARRISON STREET, SUITE 16D  
HOLLYWOOD FL 33020-6844

3. Date Incorporated or Qualified 07/05/1996	3a. Date of Last Report N/A
4. FEI Number 65-0738530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1348 S. Dixie Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 1720 HARRISON ST. Suite, Apt. #, etc.
22 City & State HOLLYWOOD, FL	27 City & State HOLLYWOOD, FL
24 Zip 33020	25 Country USA
29 Zip 33020	30 Country USA

9. Name and Address of Current Registered Agent  
WADE, DAVID L  
1720 HARRISON STREET, SUITE 16D  
HOLLYWOOD FL 33020

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: David Wade President DATE: 4-15-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WADE, DAVID L		1.2 NAME	
STREET ADDRESS 1720 HARRISON STREET, SUITE 16D		1.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, JOHN		2.2 NAME	
STREET ADDRESS 1720 HARRISON STREET, SUITE 16D		2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELSBURY, JULIE		3.2 NAME	
STREET ADDRESS 1720 HARRISON STREET, SUITE 16D		3.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33020		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Julie Elsbury (JULIE ELSBURY) 5-1-97 (954) 925-0173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)