## 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 # P96000059879

SRP HOLLYWOOD INC.

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90145 016 \*\*\*150.00

Principal Place of Business  C/O ALLEN J. RAPOPORT  999 PONCE DE LEON BLVD.  CORAL GABLES FL 33134  CORAL GABLES FL 33134  CORAL GABLES FL 33134  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/16/1996  4. FEI Number  65-0679574  Not Applied For  Not Applicable  Suite, Apt. #, etc.  21  City & State  City & State  City & State  Country  Applied For  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Applied For  Source, Apt. #, etc.  5. Certifcate of Status Desired  Fee Required  Fee Required  Added to Fees  Added to Fees	OIII : NO	LLINOOD, MO							
ORAL GABLES FL 3134  CORAL GABLES FL 3134  CORAL GABLES FL 3134  CORAL GABLES FL 3134  3. Date Incorporated or Qualified O7/16/1998  2. Principal Place of Business  2. A Maining Address  2. Principal Place of Business  2. Suttle, Apt. #, etc.  2. Suttle, Apt. #, etc.  2. City & State  3. Date Incorporated or Qualified O7/16/1998  3. Date Incorporated O7/16/1999  3. Date Incorporated O7/16/	Principal Place	e of Business	Mailing Address					.01 01149 10101 10141 1	****
3. Date Incorporated or Qualified 07/16/1986 2. Principal Place of Business 2. Marking Address 2. Marking Address 3. 4. FEI Number 65-6679574 3. Applied For Not Applied For Stuffe, Apt. #, etc. 2. Certificate of Stutus Desired   \$5.75 Additional Fee Required 2. City & State 3. Desire Incorporation   \$5.00 May Be Added to Fees 3. Certificate of Stutus Desired   \$5.75 Additional Fee Required 2. Country 2. Proceeding Francing Trust Fund Contribution   Added to Fees 3. This corporations the current year Intangible Personal Property Tax.   "Yes   No 9. Name and Address of Current Registered Agent  RAPOPORT, ALLEN J C/O ALLEN J. RAPOPORT 99 PONCE DE LEON BLVD. #1110 CORAL GABLES Ft. 33134  17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the anover-named corporation submits this statement for the purpose of changing its registered agent. I am familia with, and except the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the anover-named corporation submits this statement for the purpose of changing its registered agent. I am familia with, and except the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  18. OFFICERS AND DIRECTORS   13.  OFFICERS AND DIRECTORS   13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME   DELETE   13 TIME   Change   Addition NNE  SISTERT ADDRESS   23 TIME   Change   Addition NNE  SISTERT ADDRESS   24 CMT/ 54.72P   C	999 PONCE DE LEON BLVD. 999 PONCE DE LEON BLVD.			l.			DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business   2.a. Mailing Address   5. GS-0679574   Applied Flor   Not Applicable   Sculfe, Apl. #, etc.   South, Apl. #, etc.   South	CORNE CARLES TE SUIST						3. Date Incorporated or Qualifed		
Solite, Apt. #, etc.							07/16/1996		
Suite, Apt. #, etc.	2. Principal P	ncipal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
27   City & State   City   Country   City   Country   City   Country   City   Country   City   Country   City   Country   City	21	26					65-0679574	No	Applicable
City & State    City & State	Suite, Apt.	#, etc.	<b>├</b>				5. Certificate of Status Desired	¥	
Zip Country Zip Country Zip Country 2 33	City & Stat	<b>⊢</b> , •	State						
RAPOPORT, ALLEN J C/O ALLEN J. RAPOPORT 999 PONCE DE LEON BLVD. #1110 CORAL GABLES FL 33134  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 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, 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, 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. Sociolo 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZP  17. Change   Addition  18. NAME  19. STREET ADDRESS  19. STREE							Personal Property Tax.	☐ Yes	□No
RAPOPORT, ALLEN J C/O ALLEN J, RAPOPORT 999 PONCE DE LEON BLVD. #1110 CORAL GABLES FL 33134  84 City  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 purposion of changing its registered agent, 1 am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purposion of changing its registered agent, 1 am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  1.1 ITILE  D OFFICERS AND DIRECTORS IN 12  COFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 11.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D ARPOPORT, ALLEN J  SIRRETADORESS  OFFICERS AND DIRECTORS IN 12  12. NAME  PAPED DELETE  1.1 ITILE  D Change  Addition  AND CORAL GARLES FL 33134  1.4 CITY-ST-ZP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.2 TITLE  DELETE  2.3 SIRRETADORESS  CITY-ST-ZP  TITLE  DELETE  3.3 SIRRETADORESS  CITY-ST-ZP  CORAL GARLES FL 33134  1.4 CITY-ST-ZP  CHANGE  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.3 SIRRETADORESS  CITY-ST-ZP  CHANGE  3.3 SIRRETADORESS  CITY-ST-ZP  CHANGE  3.4 CITY-ST-ZP  CHANGE  3.5 SIRRETADORESS  CITY-ST-ZP  CHANGE  3.5 SIRRETADORESS  CITY-ST-ZP  CHANGE  4.2 NAME  4.3 SIRRETADORESS  CITY-ST-ZP  CHANGE  4.4 NAME  4.5 SIRRETADORESS  CITY-ST-ZP  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHANGE  3.5 SIRRETADORESS  CITY-ST-ZP  CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHANGE  ADDITIONS/CHANGES TO		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
C/O ALLEN J. RAPOPORT 999 PONCE DE LEON BLVD. #1110 CORAL GABLES FL 33134  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, and accept the displations of, Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In a familiar with, and accept the displations of, Section 607.0502, Florida Statutes.  SIGNATURE    OFFICERS AND DIRECTORS   13.	040	ODODT ALLEN I		81		Name			
999 PONCE DE LEON BLVD. #1110 CORAL GABLES FL 33134  84				82	T	Street Addre	dress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or prised name of registered agent and title # applicable   (NOTE: Registered Agent signature required when remaining)   DATE				02	L			·	
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 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, 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, 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, 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, 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, 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, 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, or both, in the State of Florida. Such change statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. TITLE  12. TITLE  12. TITLE  12. TITLE  13. STREET ADDRESS  14. CITY-ST-ZIP  17. LE  18. TITLE  19. Change Addition  19. Additi									
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 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, 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, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    True					84 City		F	85 Zip C	Code
TITLE   D	office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	ithonzed by ida Statutes	tn i.	ie corporation	n's board of directors. I hereby accept the app	onument as reg	Jistered
RAPOPORT, ALLEN J   12 NAME   999 PONCE DE LEON BLVD.	12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS   999 PONCE DE LEON BLVD.	TITLE			1.1 TITLE	1.1 TITLE			Change	☐ Addition
CITY-ST-ZIP   CORAL GABLES FL 33134	NAME	RAPOPORT, ALLEN J		1.2 NAME					ļ
TITLE	STREET ADDRESS 999 PONCE DE LEON BLVD. #1110		#1110	1.3 STREET	ΤAI	DDRESS			
NAME	CITY-ST-ZIP CORAL GABLES FL 33134			1.4 CITY-S					
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     Change   Addition	TITLE	DELETE 2.1		2.1 TITLE	2.1 TITLE			Change	Addition
CITY-ST-ZIP	NAME			2.2 NAME					
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         CITY-ST-ZIP         3.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           STREET ADDRESS         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         Addition         Addition	STREET ADDRESS			2.3 STREET			•		
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  4.1 TITLE  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  NAME  SAME  SAME  ADDRESS  A	CITY-ST-ZIP							- Change	☐ Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	_						☐ Change	[_] Addition
STREET ADDRESS   SALCITY-ST-ZIP   SALCITY-ST-ZIP   SALCITY-ST-ZIP   SALCITY-ST-ZIP   SALCITY-ST-ZIP   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   SALCITY-ST-ZIP   SALC	NAME			•			•		
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	STREET ADDRESS								
NAME			Floriere		3T-	ZIP		Change	☐ Addition
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         Addition         Addition			□ OFFEIF					Li change	C 1 (CONSOL)
A4 CITY-ST-ZIP					- 4	000500		-	
TITLE         DELETE         5.1 TITLE         ☐ Change         ☐ Addition           NAME         5.2 NAME									
NAME  5.2 NAME  5.2 NAME			DELETE	-	1-4	SP		Change	☐ Addition
NAME.								1	_
	**			53 STREE	TΑ	DDRESS			

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 supplimental 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 trastes 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 attentionent with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TURE AND LOSE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3/3/99 (305)446-4988

Change

☐ Addition