

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000065339 (9)

1. Corporation Name

NATIONAL SUPPLY OF HOLLYWOOD, INC.

Principal Place of Business

2632 HOLLYWOOD BOULEVARD #302
HOLLYWOOD FL 33020

Mailing Address

2632 HOLLYWOOD BOULEVARD #302
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0692440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 6512 Hurl. Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 223775
Suite, Apt. #, etc.

23 City & State

Hollywood FL.

28 City & State

Hollywood FL.

24 Zip

33024

25 Country

US

29 Zip

33022

30 Country

US

9. Name and Address of Current Registered Agent

WALLER, RISE
1046 TYLER ST
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WALKER, RISE
STREET ADDRESS 3001 SOUTH OCEAN DRIVE #16N
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100002652891
-09/30/98--01080--035
***150.00

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 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: RISE WALKER 7/27/98

CR2E034 (5/98)

Do Not Throw Away



2632 HOLLYWOOD BLVD
SUITE 302
HOLLYWOOD, FL 33024

1-800-809-1121
Fax 954-922-4883

(2)

To Whom it May CONCERN
AT STATE OFFICE

I AM ONCE again sending this
back to you, After A lengthy conversation
with Shawn Logan AT REINSTATEMENTS I
WAS told to Re Submit a letter, This
ONE, Explaining that The address
this was mailed to WAS INCORRECT
AND Notification was never Recieved.

HERE is our check this letter and
your letter Back

Thank you!!
Rumaska
CEO