

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000068596

1. Entity Name
HOLLYWOOD AMUSMENT CENTER INC.



Principal Place of Business

**420 SOUTH STATE ROAD #7
HOLLYWOOD, FL 33023**

Mailing Address

**420 SOUTH STATE ROAD #7
HOLLYWOOD, FL 33023**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0709505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FONTAINE, GALE
3440 NE 11 TERRACE
POMPANO BEACH, FL 33062**

**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 reinstalling)

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**

**000000060664
02/23/04-80047-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FONTAINE, GALE
STREET ADDRESS	3440 NE 11 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	FONTAINE, JOHN
STREET ADDRESS	3440 NE 11 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	RODE, MARTHA
STREET ADDRESS	4812 MCKINLEY ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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:

Gale Fontaine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04
Date

954-962-5700
Daytime Phone #