

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000068596

1. Entity Name
HOLLYWOOD AMUSMENT CENTER INC.



FILED
Mar 23, 2006 08:00 AM
Secretary of State

Principal Place of Business
420 SOUTH STATE ROAD #7
HOLLYWOOD, FL 33023

Mailing Address
420 SOUTH STATE ROAD #7
HOLLYWOOD, FL 33023



02202006 No Chg-P CR2E034 (11/05)

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
2201 NE 44TH STREET
LIGHTHOUSE POINT, FL 33064

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

111111111173057
04/08/06-80029-020 150.00

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 | |
| 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 exemptions contained in Chapter 119, 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

3-20-06
Date

954-962-8700
Daytime Phone #