

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90030 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000077645

1. Corporation Name  
HOLLYWOOD FASHION MALL, INC.

Principal Place of Business  
101 S STATE RD 7  
P O BOX 5867  
HOLLYWOOD FL 33083  
US

Mailing Address  
P O BOX 5867  
HOLLYWOOD FL 33083  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/18/1996

4. FEI Number  
65-0707713

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 5800 Hollywood Blvd  
Suite, Apt. #, etc.  
22  
City & State  
23 Hollywood Florida  
Zip Country  
24 33021 25 USA

2a. Mailing Address  
26 5800 Hollywood Blvd  
Suite, Apt. #, etc.  
27  
City & State  
28 Hollywood Florida  
Zip Country  
29 33021-6316 30 USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH ST.  
SUITE 300  
NORTH MIAMI BEACH FL 33162

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	LOREN, NORMA	49 VENCELA DR	NEW ROCHELLE NY	<input type="checkbox"/>
D	NEWMAN, WILLIAM	50 LARCH HILL RD	LAWRENCE NY	<input type="checkbox"/>
D	STERN, CHARLES	70-50 136TH ST	FLUSHING NY	<input checked="" type="checkbox"/>
D	BLESS, RACHEL	1425 56TH ST	BELLYN NY	<input type="checkbox"/>
Schedule Attached				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4-1-98)

240342-90030-17  
P96000077645

## SCHEDULE E - COMPENSATION OF OFFICERS

NAME OF OFFICER	SSN
GLADYS NEUMAN 50 LARCH HILL ROAD LAWRENCE, N.Y. 11559	064-42-0825
MIRIAM STERN 7050 136 STREET FLUSHING N.Y. 11367	071-44-0517
RACHEL BLASS 1435 56 STREET BROOKLYN N.Y. 11219	082-38-5790
NORMA LOREN 49 VANECK DRIVE NEW ROCHELLE, N.Y. 10804	409-54-9135
NORMAN RABENSTEIN 14 SUTTON PLACE SOUTH LAWRENCE, N.Y. 11559	065-24-4946
FRIDA RABENSTEIN 14 SUTTON PLACE SOUTH LAWRENCE, N.Y. 11559	112-26-8659
BARRY BRAUNSTEIN 1849 58 STREET BROOKLYN N.Y. 11204	083-38-0549
HIRSCH WOLF 1678 E. 5 STREET BROOKLYN N.Y. 11230	127-28-3973
AVI SWARTZON 608 NORTHWEST 110 AVE PLANTATION, FL 33324	123-46-7252
TOTAL TO SCHEDULE E LINE 2	