

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

FILED
Jul 24 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 # P96000077779 (2)

1. Corporation Name
HOLLINGSWORTH, INC.

Principal Place of Business
6721 N.W. 29TH AVE.
FT. LAUDERDALE FL 33309

Mailing Address
6721 N.W. 29TH AVE.
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1996

4. FEI Number
65-0698207

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 6721 N.W. 29 Ave.
Suite, Apt. #, etc.
22 City & State
23 FT. LAUD. FLA.
Zip
24 33309
Country
25 Broward

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27 City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

HOLLINGSWORTH, MICHAEL
6721 N.W. 29TH AVE.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P. O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
	PST HOLLINGSWORTH, MICHAEL	6721 N.W. 29TH AVE.	FT. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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.

SIGNATURE:

Michael Hollingsworth

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***150.00

4/15/98

CR2E034 (10/97)