

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085256 (1)

1. Corporation Name
HOLLISTER CORPORATION



Principal Place of Business 1060 SE 15TH ST #504 FT LAUDERDALE FL 33316 4785 S.W. 61ST AVE. DAVIE, FLORIDA 33314	Mailing Address 1060 SE 15TH ST #504 FT LAUDERDALE FL 33316-2105 4785 S.W. 61ST AVE DAVIE, FL 33314
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2. Principal Place of Business 21 4785 S.W. 61ST AVE. Suite, Apt. #, etc. 22 City & State 23 DAVIE, FLORIDA Zip 24 33314 Country 25 USA	2a. Mailing Address 26 4785 S.W. 61ST AVE. Suite, Apt. #, etc. 27 City & State 28 DAVIE, FLORIDA Zip 29 33314 Country 30 USA
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3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
4. FEI Number 65-0707114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HOLLISTER, THOMAS K
~~1060 SE 15TH ST #504~~
~~FT LAUDERDALE FL 33316~~
4785 S.W. 61ST AVE
DAVIE, FLORIDA 33314

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HOLLISTER, THOMAS K
STREET ADDRESS	1060 SE 15TH ST #504
CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	Same <input type="checkbox"/> DELETE
NAME	Same
STREET ADDRESS	4785 S.W. 61ST AVE.
CITY-ST-ZIP	DAVIE, FLORIDA 33314
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	4785 S.W. 61ST AVE.
1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:  Thomas K. Hollister

Date 4-11-97 Daytime Phone # 984581-8846

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CR2E034 (9/96)