FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90197 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000002885

1. Corporation Name

NAME

STREET ADDRESS

HULLYW	OOD THRIFTY, INC.									
Principal Place	e of Business	Mailing Address				1 1001100) i(0)Etti (0011 00111 00111	1 44111 61		(6) 18 6 WILL 1861	
3523 PEMBROKE ROAD 3523 PEMBROKE ROAD										
HOLLYWOOD FL 33022 HOLLYWOOD FL 33022						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	11110	J. 7.0L		1
						01/10/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		P	Applied For	1
21		26				65-0725554			Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State	·	-		6. Election Campaign Financing		\$5.00	0 May Be	1
23		28				Trust Fund Contribution		•	to Fees	
Zip	Country	Zip · ·	- Cour	ıtry∵		8. This corporation owes the current ye	ar Inta	ngible		i
24	25	29	30			Personal Property Tax.		Yes	□No	1
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Regist	tered A	lgent		1
DVR	IT7HAK		ĺ	81	Name			•		{
BAK, ITZHAK 3523 PEMBROKE ROAD			Ī	82	Street Add	ress (P.O. Box Number is Not Acceptable)				
HOL	LYWOOD FL 33022			83				, ,		1
			-	84	City		FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the ab	ove-	named corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	ose of o	changing i	ts registered	1
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	tes.	ne corporati	on a board of an actions. This day docopt are	арро		-9.5.5.4-	Ì
SIGNATURE	Signature, typed or printed name of registered age	ant and title if anolicable (NOTE	Registered A	Agent :	signature require	ed when reinstating) DA	NTE.			١,
12.	OFFICERS AND DIRECTORS			-g		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12] {
TITLE	D	☐ DELETE	E 1.1 TITLE					Change	Addition] ;
NAME	Bak, itzhak		1.2 NA	ME						1
STREET ADDRESS	3523 PEMBROKE ROAD 1.33		1.3 STF	1.3 STREET ADDRESS						8
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-		- ŽIP] ;
TITLE	D	☐ DELETE	2.1 TIT	LΕ				Change	Addition	۱ (
NAME	BAK, JOYCE		2.2 NA	2.2 NAME						
STREET ADDRESS	ATTA DELIDEOUS DO		2.3 STF	2.3 STREET ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CIT	2. 4 CITY-ST-ZIP		•				
TITLE		☐ DELETE 3.1 TI		LE				☐ Change	Addition	1
NAME	3.2		3.2 NA	ME						
STREET ADDRESS			3.3 STF	REETA	ADDRESS (
CITY-ST-ZIP			3.4. CIT	Y-ST-	-ZIP					
.TITLE			4.1.TIT	.4.1.TITLE				. Change	e === [Addition	-
NAME			4. 2 NA	ME		•		-		
STREET ADDRESS		4.3		4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-S		ZIP					1
TITLE		☐ DELETE	5.1 TITLE					☐ Change	e	
NAME			52 NAI	ME						
STREET ADDRESS			5.3 STF	REETA	ADDRESS					
CITY-ST-ZIP	11-31-21			Y-ST-	- ZIP					1
TITLE DELETE 6.1			6.1 TIT	6.1 TITLE				☐ Change	e Addition	
NAME	İ		6.2 NA	ME						1

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: