PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104361

1. Corporation Name

HOLLYWOOD BREAD BUILDING, INC.

Principal Place of Business

Mailing Address

IZAAK, PETER

HOLLYWOOD, FL-33020-5107. HOLLYWOOD, FL-33020-5107

2800 ISLAND BOULEVARD #1601 WILLIAMS ISLAND FL 33160

2 Principal Place of Rusiness

1747 VAN BUREN ST #720

IZAAK, PETER

2800 ISLAND BOULEVARD #1601 WILLIAMS ISLAND FL 33160

1747 VAN BUREN ST #720

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90266 039 ***150.00



			EN 4844 B1860 H114 B4464 H64 1881		
	DO NOT WRI	TE IN TH	IIS SPACE		
3.	Date Incorporated or Qualifed				
	12/11/1997				
4.	FEI Number		Applied For		
i t	65-0804928		Not Applicable		
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required		
6.	Election Campaign Financing		\$5.00 May Be Added to Fees		

			_/ 8. This corporation owes the current year Intangible						
25	29	30			Personal Property Tax	τ.	☐ Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
FISINGER DENNIS I			81	Name					
4000 HOLLYWOOD BOULEVAR			82	Street Addres	ss (P.O. Box Number is Not	Acceptable)			
SUITE 265-S HOLLYWOOD FL 33021			83				•		
1102211100312 00021			84	City			85 Z	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 a	ANATE: Pr	naistared Agent signature a	equired when reinstation) DATE				
12. OFFICERS AND DIRECTORS		egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D D	☐ DELETE	1.1 TITLE		Change	Addition		
NAME	LIEBERMAN, ALAN		1.2 NAME					
í	2800 ISLAND BOULEVARD #1601	•	1.3 STREET ADDRESS	·	•			
STREET ADDRESS								
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	☐ DELETE	1.4 CITY-ST-ZIP		`hange	Addition		
TITLE	D ,	□ pere⊥e	2.1 ΠπLE	IZAAK, PETER	Hange	[_] Addition		
NAME	IZAAK, PETER		2.2 NAME	•				
STREET ADDRESS	1000 ISLAND BOULEVARD #307		2.3 STREET ADDRESS	1747 VAN BUREN ST #720				
CITY-ST-ZIP " ' "	WILLIAMS ISLAND FL 33160		2.4 CITY-ST-ZIP	_HOLLYWOOD; FL 33020-5107				
TITLE	•	☐ DELETE	3.1 TITLE		hange	☐ Addition		
NAME '	***		3.2 NAME			ľ		
STREET ADDRESS	•		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4, CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME		•	4. 2 NAME .					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME	•		5.2 NAME]		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY+ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition }		
NAME	$\sum_{i \in \mathcal{A}} \sum_{i \in \mathcal{A}_i} \mathcal{A}_i^{T} \mathcal{A}_i^{T} \mathcal{A}_i^{T}$		6.2 NAME					
STREET ADDRESS	- 		6.3 STREET ADDRESS					
CiTY-ST-ZIP?	And the state of t		6.4 CITY-ST-ZIP			j		

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 peceiver of 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 are attackment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #