**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000015789**1. Corporation Name

MEXMASTERS HOLLYWOOD, INC.

Principal	Place	of B	usiness

Mailing Address

2665 OAK RIDGE COURT FORT MYERS FL 33901

2665 OAK RIDGE COURT FORT MYERS FL 33901

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90084 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/18/1998

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26		65-0813938	Not Appl	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	8	City & State		-	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	<del></del>	8. This corporation owes the current ye				
24	25	29 30			Personal Property Tax.				
		ame and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
			81	Name					
GREEN, BRUCE D			92	82 Street Address (P.O. Box Number is Not Acceptable)					
12800 UNIVERSITY DRIVE STE. 600 FORT MYERS FL 33907		02	52 Street Address (F.O. Box Number is Not Acceptable)						
		83	1			,			
		84	City		85 Zip Code				
				•		FL			
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corporation	oration submits this statement for the purpor's board of directors. I hereby accept the	use of changing its regist appointment as register	tered ed		
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes		, ,				
SIGNATURE			<u></u>			ATE	_ 1		
	Signature, typed or printed name of registered agent		gistered Ager	it signature required	ADDITIONS/CHANGES TO OFFICE		N 12		
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONO/OF WICE TO CITYOL		Addition		
TITLE	Pres. aext, Secretary	C) percie	1.2 NAME						
NAME	President, Secretary Down C. Brown 2665 och Lidge Ct Fr. Myers, Pe		1.3 STREE	ADDRESS					
STREET ADDRESS	26(5 001 1035	27901	1.4 CITY-S	1			· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	Fr. Myeis, F	DELETE	2.1 TITLE	1-21		☐ Change ☐	Addition		
TITLE			2.2 NAME			<del></del>			
NAME STREET ADDRESS			2.3 STREE	ADDRESS			İ		
CITY-ST-ZIP			2. 4 CITY-S				l		
TITLE		☐ DELETE	3.1 TITLE	-		Change 🗀	Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-5	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐	Addition		
NAME.			4.2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZiP					
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐	Addition		
NAME.			5.2 NAME						
STREET ADDRESS			5.3 STREE				}		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			1 Addition		
TITLE :	i ;	☐ DELETE	6.1 TITLE			Change	Addition		
NAME :			6.2 NAME						
STREET ADDRESS	<b>}</b>		6.3 STREE				1		
CITY-ST-ZIP	_		6.4 CITY-S	T-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.

SIGNATURE: