Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90004 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000017310

1. Corporation Name

YOUNG	HULLYWUUD, ING.								
Principal Place	e of Business	Mailing Address			1 10011000 110 1011	il (Alli: Rafii amili palii doibi			
8060 SUNRISE LAKE DR. N. BLDG. 27 #212 8060 SUNRISE LAKE DR. N. SUNRISE FL 33322 SUNRISE FL 33322				#212					
001111102 12 00		••••				NOT WRITE IN THIS	SPACE		
					3. Date incorporated 02/20/1998				
Principal Place of Business 2a. Mailing Address					4. FEI Number 65 - 081 80 20		H	olied For	
21		26	26		65-08/1	30 <u>20</u>		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired Fee Required				
22			27						
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees					
Zip	Country	Zip	Country		8. This corporation of	orporation owes the current year Intangit		ble	
24	25	25 29 30			Personal Property Tax.			□No	
	9. Name and Address of Curren	11		 	10. Name and Addre	ss of New Registered	Agent		
Anshien, Bert 8060 Sunrise Lake Dr. N. Bldg. 27 #212				Name					
					Iress (P.O. Box Number is	Net Assertable)		i	
				Street Add	iress (P.O. Box Number is	Not Acceptable)		İ	
SUNRISE FL 33322									
								_	
				City		FL			
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was authtions of, Section 607.0505, Florid	, the above horized by la Statutes	e-named cor the corporat	poration submits this state ion's board of directors. I h	nent for the purpose of ereby accept the appoi	changing its of intment as reg	registered gistered	
SIGNATURE					red when reinstating)	DATE			
				ir siði arni a i adni		GES TO OFFICERS AN	ND DIRECTO	RS IN 12	
12.	5,1,52,15,115		13.		ABBITTOTOTOTATE	JEO TO OTT TOLINOTT	☐ Change	Addition	
TITLE NAME	_		1.2 NAME				_ ,	_	
STREET ADDRESS	ASSOCIATION LAW DO N. DECO. 07 #040			FADDRESS					
				T-ZIP					
CITY-ST-ZIP TITLE	0	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	KOLTAI, IVAN					•			
STREET ADDRESS				TADORESS		وساست سايا	٠. مير	· ÷	
CITY-ST-ZIP	11111-1			ST-ZIP					
TITLE	00/11/02 / 2 00022	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		<u> </u>			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	

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 distance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZiP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition