


FILE NOTED BY THE SECRETARY OF STATE. ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90037 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000026189**

1. Corporation Name  
**HOLLYWOOD STATION, INC.**

Principal Place of Business  
**2435 HOLLYWOOD BLVD STE 202**  
**HOLLYWOOD FL 33020**

Mailing Address  
**2435 HOLLYWOOD BLVD STE 202**  
**HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/18/1998**

4. FEI Number

☒ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEYE, CATHERINE W**  
**2435 HOLLYWOOD BLVD STE 202**  
**HOLLYWOOD FL 33020**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
**PSTD**  
**NAME KEYE, CATHERINE W**  
**STREET ADDRESS 716 N RAINBOW DRIVE**  
**CITY-ST-ZIP HOLLYWOOD FL 33021**

1.1 TITLE ☒ Change ☐ Addition  
**PSTD**  
**1.2 NAME Keye, Catherine W.**  
**1.3 STREET ADDRESS 5411 SW 39 Avenue**  
**1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33312**

TITLE ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

TITLE ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

TITLE ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

TITLE ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

TITLE ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-99

(954)

921-1041

CR2E034 (11/98)