ZEU34 (11/98)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069986

HOLLYHOC DEVELOPMENT CORPORATION

Mailing Address

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90091 036 ***150.00



Principal Place	e of Business	Mailing Address						
3778 DAVINCI (CIRCLE	3778 DAVINCI CIRCLE						
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualif	ed		- 1
					08/06/1998			. '
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	122		Applied For
21 792	3 SO. Military]	Tr 26			65-0854	160		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			1 0	,	5. Certificate of Status Desired	. 🗆		Additional
27 P.O. Sex 63			246	2	5. Certificate of Status Desired	, <u>П</u>	Fee F	Required
City & State City & State			,	-	6. Election Campaign Financi	ng □		May Be
23 (Freenacres, -L 28 Lake Worth			1		Trust Fund Contribution			to Fees
			Country	1	8. This corporation owes the			□No
24 354	25 [25]		1		Personal Property Tax. 10. Name and Address of Ne		Yes	
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Italile alto Address of Ita	W registered re	90.11	
ΤΔΡΙ	LIN, NORMAN E ESQ.		82					
515 NORTH FLAGLER STREET				Street A	Address (P.O. Box Number is Not Acc	eptable)		
SUITE 1600				 				
WEST PALM BEACH FL 33401			83				T	
*****	The second secon		84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statutes, t	he abov	e-named o	corporation submits this statement for	the purpose of c	hanging i	ts registered
office or r	registered agent, or both, in the Star	te of Florida. Such change was autho gations of, Section 607.0505, Florida	rized by	the corpo	ration's board of directors. I hereby ac	cept the appoint	ment as	registered
SIGNATURE	Signature, typed or printed name of registered a	ocent and title if applicable (NOTF: Regi	stered Age	nt signature re	quired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANCES TO	OFFICERS AND		
TITLE	PSTD	☐ DELETE	1.1 TITLE		PSTD CAPPIELLA ROBER 3723 Sa Militar Greenacres, FL		Change	e 🗌 Addition
NAME	CAPIELLO, ROBERT		1.2 NAME	ł	CAPPIELLA ROBER	2T(,	
STREET ADDRESS			1.3 STREE	TADDRESS	3723 Sa Milita	y Trell		
CITY-ST-ZIP	WEST PALM BEACH FL 3341	17	1.4 CITY-S	ST-ZIP	Greenacres. FL	<u> 3346</u>	3	w
TITLE		☐ DELETE	2.1 TITLE		- ,		☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS	4.5			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	-			Change	e Addition
NAME.			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				<i>,</i>
CITY-ST-ZIP	,		3.4, CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	e
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	, and the state of			
TITLE		☐ DELETE	5.1 TITLE				Change	e
NAME		1	5.2 NAME					
STREET ADDRESS		1		T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	e Addition
NAME								
	<u> </u>		6.2 NAME	ļ				
STREET ADDRESS				T ADDRESS				

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 address, with all other like empowered.

SIGNATURE:

Janoy 15, 199

561-966-8480 Daytime Phone #