**PROFIT** -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000101739

1. Corporation Name

HOLLYWOOD EXPRESS, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90153 037 \*\*\*150.00 04-14-1999 90153 038 \*\*\*\*\*8.75



| Principal Place                                   | e of Business                                       | Mailing Address                     |                         |   |                | , , , , ,                                    | J. 116 16161 (P11) |                        |               |  |              |  |  |
|---|---|-------------------------------------|-------------------------|---|----------------|--|--------------------|------------------------|---------------|--|--------------|--|--|
| 1338 SOUTH DIXIE HIGHWAY 1338 SOUTH DIXIE HIGHWAY |   |                                     |                         |   | ì              |  |                    |                        |               |  |              |  |  |
| HOLLYWOOD FL 33020 HOLLYWOOD FL 33020             |   |                                     |                         |   | 1              | DO NOT WRITE IN THIS SPACE                   |                    |                        |               |  |              |  |  |
|   |   |                                     |                         |   | <u> </u>       | 3. Date Incor                                |                    |                        | <del></del>   |  |              |  |  |
|   |   |                                     |                         |   |                | 12/08/19                                     |                    |                        |               |  |              |  |  |
| 2. Principal P                                    | Jace of Business                                    | 2a. Mailing Address                 |                         |   | , .            | 4. FELNumb                                   |                    |                        |               | Ap                                     | plied For    |  |  |
| 21 584  | 14 SLI 95 ST  | 26 5844 SIN                         | 25                      | 57  | - 1            | 65-08  | 89747              | 19                     | ,             | No                                     | t Applicable |  |  |
| Suite, Apt  | #, etc  | Suite, Apt. #, etc.                 | ·                       |   |                | 5. Certifcate                                | of Statue De       | sired                  | 4             | ************************************** |              |  |  |
| 22  |   | 27                                  |                         |   |                | J. Ceruicate                                 | UI GIAIUS DE       | oned [                 |               | Fee Re                                 | quired       |  |  |
| City & State City & State                         |   |                                     |                         |   | ļ              | 6. Election Campaign Financing \$5.00 May Be |                    |                        |               |  |              |  |  |
| 23 HOL  | DFL   |                                     |                         |   | Contribution   | n  |                    | Added t                | o Fees        |  |              |  |  |
| Žip   | 7   |                                     |                         | 8. This corporation owes the current year Intangible Personal Property Tax. |                |  |                    |                        |               |  |              |  |  |
| 24 330  | <u> </u>  |                                     |                         |   |                |  |                    | Personal Property Tax. |               |  |              |  |  |
|   | 9. Name and Address of Current                      | Registered Agent                    | 81                      | Name  |                | v. Name an                                   | Audiess            | I IAGM IVES            | JISTEL OU     | Agent                                  |              |  |  |
| AME   | RILAWYER  |                                     |                         |   |                |  |                    |                        | •             |  |              |  |  |
| 343 /   | 82 Street Addr                                      |                                     |                         | ress (P.O. Box Number is Not Acceptable)                                    |                |  |                    |                        |               |  |              |  |  |
| CORA  |   | 83                                  | 200                     | W//   | <u> </u>       |  |                    |                        |               |  |              |  |  |
|   |   |                                     | "                       |   |                |  |                    |                        |               | <del></del>                            |              |  |  |
|   |   |                                     | 84                      | City  | 1 1211         | 111118                                       |                    |                        | FL            | 85 Zip (                               | Code<br>COO  |  |  |
| 44 5  | to the provisions of Sections 607.0502              | and 607 1508 Elorida Statutes t     | he abov                 | e-named   | comoral        | tion submits t                               | nis statement      | t for the pu           | rnose of      | f changing its                         | redistared   |  |  |
| office or r                                       | registered agent or both in the State C             | f Florida. Such change was autho    | rized DV                | тие сого  | oration's      | board of dire                                | ctors. I hereb     | by accept t            | he appo       | intment as re                          | gistered     |  |  |
| agent. I a  | am familiar with, and accept the obligati           | ons of, Section 607.0505, Florida   | Statutes                |   |                |  |                    | ク.                     | سرر ـ         | -00                                    |              |  |  |
| SIGNATURE   | Signature typed or printed name of registered agent | and title if annicable. (NOTE: Regi | stered Ape              | nt signature r  | required who   | en reinstating)                              | <del>-</del>       | X                      | DATE          | 77                                     | }            |  |  |
| 12.   | OFFICERS AND  |                                     | 13.                     |   |                |  | CHANGES            | TO OFFIC               | CERS A        | ND DIRECTO                             | RS IN 12     |  |  |
| TITLE   | PSTD  | ☐ DELETE                            | 1.1 TITLE               |   | Hou            | 1900D  | EXPIN              | 28.4                   | 20            |  | ☐ Addition   |  |  |
| NAME  | ESHET, YOSSI  |                                     | 1.2 NAME                |   | 65             | <b>HE7</b>                                   | ross               | 1 ,                    |               |  |              |  |  |
| STREET ADDRESS                                    | JANA AGUSTU DIVID HIGHBARA                          |                                     | 1.3 STREE               | TADDRESS  | 584            | 4 SW   | / JS               | 'st                    |               |  |              |  |  |
| CITY-ST-ZIP                                       | HOLLYWOOD FL 33020                                  |                                     | 1.4 CITY-S              | T-ZIP   | 400            | LYWOO  | D FU               | <u>330</u>             | <u>83_</u>    |  |              |  |  |
| TITLE   |   | DELETE 2.1 TI                       |                         | i   |                |  |                    |                        |               | Change                                 | ☐ Addition   |  |  |
| NAME  |   |                                     | 2.2 NAME                | i   | 1              |  |                    |                        |               |  | \            |  |  |
| STREET ADDRESS                                    |   | اسر بعدم ب حدد پرجد                 | 2.3 STREE               | T ADDRESS   |                |  |                    |                        | <del>-,</del> | <del></del> .                          | J            |  |  |
| CITY-ST-ZIP                                       |   |                                     | 2.4 CITY-5              | ST-ZIP  | <u> </u>       |  |                    |                        |               | [7] Ob                                 |              |  |  |
| TITLE   |   | ☐ DELETE                            | 3.1 TITLE               |   |                |  |                    |                        |               | Change                                 | ☐ Addition   |  |  |
| NAME  |   |                                     | 3.2 NAME                |   |                |  | •                  |                        |               |  | [            |  |  |
| STREET ADDRESS                                    |   | i                                   | 3.3 STREE               | TADDRESS  | 1              |  |                    |                        |               |  | }            |  |  |
| CITY-ST-ZIP                                       |   |                                     | 3.4. CITY-              | ST-ZIP  | ļ              |  |                    |                        |               |  | [T] Addition |  |  |
| TITLE   | \   | ☐ DELETE                            | 4.1 TITLE               |   | 1              |  |                    |                        |               | ☐ Change                               | Addition (   |  |  |
| NAME  | }   |                                     | 4. 2 NAME               |   |                | •  |                    |                        |               |  |              |  |  |
| STREET ADDRESS                                    | 1   | Į                                   |                         | TADDRESS  |                |  |                    |                        |               |  | į            |  |  |
| CITY-ST-ZIP                                       |   |                                     | 4.4 CITY-S              | ST-ZIP  | <del>  -</del> |  |                    |                        |               | Change                                 | ☐ Addition   |  |  |
| TITLE   |   | ☐ DELETE                            | 5.1 TITLE               |   |                |  |                    |                        |               |  |              |  |  |
| NAME  | )   | i i                                 | 5.2 NAME                | T ADDOCCO   |                |  |                    |                        |               |  |              |  |  |
| STREET ADDRESS                                    |   |                                     |                         | TADDRESS  | '              |  |                    |                        |               |  |              |  |  |
| CITY-ST-ZIP                                       |   | - DELETE                            | 5.4 CITY-S<br>6.1 TITLE | 11-ZIP  | <del>  -</del> |  |                    | <del></del>            |               | ☐ Change                               | Addition     |  |  |
| TITLE   |   | ☐ DELETE                            |                         |   |                |  |                    |                        |               |  | C vadanous   |  |  |
| NAME  |   |                                     | 6.2 NAME                |   | .              |  |                    |                        |               |  |              |  |  |
| STREET ADDRESS                                    | 3   |                                     |                         | T ADDRESS   | ']             |  |                    |                        |               |  | Ì            |  |  |
| CITY-ST-ZIP                                       | ( to 1 to             |                                     | 6.4 CITY-5              | 51-ZP   |                |  |                    |                        |               |  |              |  |  |

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:

QUIRED SIGNING OFFICER OR DIRECTOR