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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01129 (3)
1. Corporation Name
HOLLYWOOD NEON, INC.

Principal Place of Business

5850 BUCHANAN ST
HOLLYWOOD FL 33021

Mailing Address

6741 NW 27TH ST.
SUNRISE FL 33313-2138
US

3. Date Incorporated or Qualified 08/30/1990
3a. Date of Last Report 04/25/1996

| | | | |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 65-0219457 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No |
| 29 | 30 | | |

9. Name and Address of Current Registered Agent

TESTA, HILDA
6741 NW 27TH ST.
SUNRISE FL 33313

10. Name and Address of New Registered Agent

| |
|---|
| 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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|-----------------|
| TITLE | DPT | 1.1 TITLE | Change Addition |
| NAME | TESTA, DAVID P. | 1.2 NAME | |
| STREET ADDRESS | 6741 NORTHWEST 27TH ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE FL | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | Change Addition |
| NAME | TESTA, HILDA C | 2.2 NAME | |
| STREET ADDRESS | 6741 NORTHWEST 27TH ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE 01/14/97 4:32 PM 061 572 97/38

CR2E034 (9/96)