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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8: 32

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

1995 *E-1-45*

B-0746 C

DOCUMENT # **S03108 (5)**

1. Corporation Name

HOLLYWOODS FAMILY FUN CENTER, INC.

Principal Place of Business
**C/O JAMES KARL & ASSOCIATES
875 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937-2773**

Mailing Address
**C/O JAMES KARL & ASSOCIATES
875 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937-2773**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0220451** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**WEBSTER, RONALD S.
985 N COLLIER BLVD
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name **Deborah Bickle**
82 Street Address (P.O. Box Number is Not Acceptable) **670 Partridge Ct**
83
84 City **Marco Island** FL 85 Zip Code **33934**

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

Deborah Bickle

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BICKLE, DEBORAH**
STREET ADDRESS **870 PARTRIDGE COURT**
CITY - ST - ZIP **MARCO ISLAND FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **VD**
NAME **BICKLE, ROBERT**
STREET ADDRESS **670 PARTRIDGE COURT**
CITY - ST - ZIP **MARCO ISLAND FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **SD**
NAME **CLARK, RICHARD**
STREET ADDRESS **680 PARTRIDGE COURT**
CITY - ST - ZIP **MARCO ISLAND FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **TD**
NAME **CLARK, BEATRICE**
STREET ADDRESS **680 PARTRIDGE COURT**
CITY - ST - ZIP **MARCO ISLAND FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 417, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

Deborah Bickle

Date **4/27/95**