


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90114 012 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S12974					
1. Corporation Name HOLLYWOOD PROMOTIONS CORP.					
Principal Place of Business 4900 NW 25TH TERR. TAMARAC FL 33309			Mailing Address 4900 NW 25TH TERR. TAMARAC FL 33309		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 6503 N OCEAN DR		2a. Mailing Address 26 6503 N OCEAN DR		3. Date Incorporated or Qualified 11/05/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0232115	
City & State 23 DANIA FL		City & State 28 DANIA FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33004		Zip 29 33004		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MAILLETTE, GUY G. 2103 N FEDERAL HIGHWAY HOLLYWOOD FL 33020			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					
TITLE	P <input checked="" type="checkbox"/> DELETE				
NAME	LAUZIER, JEAN-PAUL				
STREET ADDRESS	4900 NW 25TH TERR				
CITY-ST-ZIP	TAMARAC FL				
TITLE	VP <input checked="" type="checkbox"/> DELETE				
NAME	LAUZIER, CLAIRE				
STREET ADDRESS	4900 NW 25TH TERR				
CITY-ST-ZIP	TAMARAC FL				
TITLE	TS <input type="checkbox"/> DELETE				
NAME	JEAN-PIERRE, LAUZIER				
STREET ADDRESS	4900 NW 25TH TERR.				
CITY-ST-ZIP	TAMARAC FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	TS JEAN-PIERRE LAUZIER				
3.3 STREET ADDRESS	6503 N OCEAN DR.				
3.4 CITY-ST-ZIP	DANIA FL 33004				
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	ELIZABETH H MARTIN				
4.3 STREET ADDRESS	6503 N OCEAN DR				
4.4 CITY-ST-ZIP	DANIA FL 33004				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Elizabeth H Martin
OF SIGNING OFFICER OR DIRECTOR

4/28/99

954 983-6711

CR2E034 (11/98)