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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPO 1998	RI		Secretary of State DIVISION OF CORPORATIONS				Secretary of State						
DOCUI	MENT #	\$1651	8	(0)										
		G OF HOLLYWO	OD, INC.	, ,										
									I CORKOLO KOK UKOKO I	KIRK ANAL KARK	LELL BREIL EXERT	HAR SAH A	III RREERIK	
Principal Place	a of Business		Madinzi	Addrose							ibii biidi biibi	IAN PAN D	AN ENTH (FA)	
Principal Place of Business 1307 N. 31ST RD.			Mailing Address 1307 N. 31ST RD.				1							
HOLLYWOOD FL 33021			HOLLYWOOD FL 33021					1	DO	NOT WOITE	IN THIS SP	ACE.		
								3.	Date Incorporated of		114 17113 37	- CL		٦
									11/30/1990					_
— ·	lace of Busines	SS	F∵ 1	ng Address				4.	FEI Number			<u> </u>	plied For	4
Suite, Apt	#, otc		26 Suite	Apt #, etc.					65-0235831		<u> </u>		t Applicable Additional	4
22			27					5.	Certificate of Status	Desired		Fee Re		╛
City & State	о		haran i	3 State				1	Election Campaign	_		\$5.00		
23 Zip		Country	28] Zip		Co	untry			Trust Fund Contribut This corporation own		id the currer	Added I		\dashv
24	2	5	29	- ├ -				1	Personal Property T	,	manufa.] No	
		nd Address of Curren	t Registered	Agent		104		10.	Name and Address	of New Re	gistered Ag	ent		\exists
		WILLIAM MICHAEL				81	Name							╛
	307 N. 31ST IOLLYWOOD					62	Street A	Address (P.	O. Box Number is N	ot Acceptat	ile)			1
•	OLLINOOD	1 50021				83							· · · · · · · · · · · · · · · · · · ·	7
						84	City					85 Zip (Code	\dashv
											 			
office or re	to the provision egistered ager	ns of Sections 607.050 it, or both, in the State and accept the obligi	2 and 607,150 of Horida, Sug	#B, Florida Statu ch change was	ites, the a authorize	bove d by	e-named c the corpo	corporation oration's bo	submits this statem pard of directors. I h	ereby accer	ourpose of ch of the appoir	nanging it itment as	s registered registered	
agent. i ai SIGNATURE	m tamiliar with,	and accept the obliga	тиона от, аест	on 607.0505, F	ionda Sia	lutes	i.							
	Signature, typest or	proted name of registered up				d Age	ni signature re	required when r			DATE			_ F
12.	<u> </u>	OFFICERS ANI	DIBLETORS	DELETE	13.	ITI E		A	DDITIONS/CHANGE	S TO OFFIC		IRECTOR Change	S IN 12 Addition	- 8
NAME	CANNIZ	ZARO, WILLIAM M.		□ been	1.2 %		1					1 Change	- Habiton	12
STREET ADDRESS		31ST RD.					ADDRESS							{\{\}}
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NAME				bttt it	4 21)				<u> </u>	Change		1
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NAME					5.2 N									
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TITLE				DELETE	611		1-ZIF					Change	Addition	,
NAME					6? N							-		
STREET ADDRESS					6.3 S	TREET.	address							
CITY-ST-ZIP						17Y-51		d: D:	440.07/05/25 51: 1	- Ot-to-	f	4h = 5 45	1	1
14. I nereby c	centry that the I	nformation supplied w	ını trus film ci c k	bes not qualify f	or the ex	emot	ion stated	a in Section	+ + 19.07(3)(i), Floridi	statutes. I	turtner certif	y inat the	information	- 1

offenential armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Feb 18 1998 8:00am