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Apr 09 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 # S95822 (0)  
1. Corporation Name  
HOLLYWOOD PAGE INC.



Principal Place of Business: 1207 S. ST. RD. 7, HOLLYWOOD FL 33023  
Mailing Address: P.O. BOX 5056, HOLLYWOOD FL 33083-5056

3. Date Incorporated or Qualified: 11/22/1991  
3a. Date of Last Report: 02/27/1996  
4. FEI Number: 65-0288611  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 No Address  
2a. Mailing Address: 26 PO BOX 5056  
22. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:  
23. City & State:  
28. Hollywood FL  
24. Zip: 25 Country:  
29. 33083 30. USA

9. Name and Address of Current Registered Agent  
PIZIO, EDWARD B.  
1207 S. ST. RD. 7  
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent  
81 Name: TED PIZIO  
82 Street Address (P.O. Box Number is Not Acceptable): 10015 Venezia Place  
83  
84 City: Boca Raton FL 85 Zip Code: 33428

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]* President DATE: 4-2-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: PIZIO, EDWARD B STREET ADDRESS: 9627 NW 48TH ST. CITY-ST-ZIP: SUNRISE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: TED PIZIO 1.3 STREET ADDRESS: 10015 Venezia Place 1.4 CITY-ST-ZIP: Boca Raton FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: TED PIZIO 2.3 STREET ADDRESS: 10015 Venezia Place 2.4 CITY-ST-ZIP: Boca Raton FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* TED PIZIO PRES 4/2/97 561-883-2248  
DATE: Daytime Phone #

CR2E034 (9/96)