

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

FILED

May 05 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 # V03706

(1)

1. Corporation Name

J.A.S. OF HOLLYWOOD, INC.

Principal Place of Business

3030 JOHNSON ST
HOLLYWOOD FL 33020

Mailing Address

3030 JOHNSON ST
HOLLYWOOD FL 33021-5537

3. Date Incorporated or Qualified
12/30/1991

3a. Date of Last Report
05/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1603178

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

9. Name and Address of Current Registered Agent

SMITH, MARVIN
3030 JOHNSON ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

HARRIET SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

6829 SUNSET STRIP

83

84 City

SUNRISE, FL

FL

85 Zip Code

33313

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 *Harriet Smith* HARRIET SMITH - Pres.

DATE 4/29/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SMITH, MARVIN
STREET ADDRESS 6900 NW 22ND CT
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE
NAME SMITH, HARRIET
STREET ADDRESS 6900 NW 22ND CT
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE U.P. ☐ Change ☒ Addition
1.2 NAME ANDREW SMITH
1.3 STREET ADDRESS 6900 N.W. 22 CT.
1.4 CITY-ST-ZIP SUNRISE, FL. 33313

2.1 TITLE U.P. ☐ Change ☒ Addition
2.2 NAME STEPHEN SMITH
2.3 STREET ADDRESS 6900 N.W. 22 CT.
2.4 CITY-ST-ZIP SUNRISE, FL. 33313

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Harriet Smith* HARRIET SMITH - Pres. 4/28/97 (954-749-0031)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)