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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V24873** 1. Corporation Name

HOLLY LANE STUD, INC.

Principal Place of Business

P.O. BOX 260

Mailing Address

P.O. BOX 260

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90081 041 ***150.00



NEW EGYPT NJ					DO NOT WRITE IN TH	IIC CDACE	
U\$		US			3. Date Incorporated or Qualifed	IIS SI AGE	-
					03/30/1992	•	ł
O Dainein at Di	and of Duciness	2a. Mailing Address	-		4. FEI Number	TAN	plied For
_ `_	ace of Business				**	<u> </u>	t Applicable
21 2		26 Suite, Apt. #, etc.	 .	<u></u>	65-0395566	\$8.75 A	
Suite, Apt. :	#, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
City & State	3 .	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	o Fees
Zip	. Country	Zip	Country		8. This corporation owes the current year		⋰ │
24	25	29 3	10		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
	TANGELO, CARL G ESQ.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	n federal highway		"	52 Street Address (F.O. Box Number 15 Not Acceptable)			
	G TWO, STE 200		83				•
FT. L	AUDERDALE FL 33306		-	0.1		85 Zip C	- oho
	•		84	City	F	FL 85 210 C	,006
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	e-named corp	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida - Such change was aut	nonzed by	the corporation	on's board of directors. I hereby accept the ap	pointment as req	jisterea
	in laminar with, and accept the obligation	ons of, Section 607.8363, 1 lone	a Otalules	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Ages	nt signature require	ed when reinstating) DATE)
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	, JOHNSON, JAN E.		1.2 NAME)
STREET ADDRESS	3005 NE 31ST AVE.			T ADDRESS			
	LIGHTHOUSE POINT FL						
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-237	<u> </u>	☐ Change	Addition
TITLÉ	S CANTANOTIO CARI C					_ ,	_
NAME	SANTANGELO, CARL G.		2.2 NAME		• resur	-	İ
STREET ADDRESS	3000 N FEDERAL HWY. #200		2.3 STREE				
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			CT change	[] Addition
NAME			3.2 NAME	}			
STREET ADDRESS	•		3.3 STREE	FADDRESS			
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME		•		ļ
STREET ADDRESS			4.3 STREE	TADORESS	-		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS		-	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
OTDEET ANNUESS			6.3 STREE	TADDRESS			

6.4 CITY-ST-ZIP 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 aptdress, with all other like empowered.

SIGNATURE: