

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 292424 (9)**  
 1. Corporation Name  
**PHOENIX ADVERTISING ASSOCIATES INC.**



Principal Place of Business <b>255 ALHAMBRA CIRCLE, 9TH FL                  CORAL GABLES FL 33134-5102</b>	Mailing Address <b>255 ALHAMBRA CIRCLE, 9TH FL                  CORAL GABLES FL 33134-7412</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/28/1965</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Suite, Apt. #, etc.	27 City & State	28 Zip
29				30			
21				4. FEI Number <b>59-1109277</b>		Applied For <input type="checkbox"/> Not Applicable	
22				5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KERRIGAN, JUANITA I.</b> <b>255 ALHAMBRA CIRCLE</b> <b>9TH FL</b> <b>CORAL GABLES FL 33134</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNAIRY, CHARLES		1.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERRIGAN, JUANITA I.		2.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GETMAN, DENNIS J.		3.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOPSHIN, JEFFREY		4.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

CR2E034 (9/96)