

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90027 014 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 292424

1. Corporation Name
PHOENIX ADVERTISING ASSOCIATES INC.



Principal Place of Business 255 ALHAMBRA CIRCLE, 9TH FL CORAL GABLES FL 33134-5102	Mailing Address 255 ALHAMBRA CIRCLE, 9TH FL CORAL GABLES FL 33134-5102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 201 Alhambra Circle	Suite, Apt. #, etc.	26 201 Alhambra Circle	Suite, Apt. #, etc.	04/28/1965	
22 12th Floor	City & State	27 12th Floor	City & State	4. FEI Number	Applied For
23 Coral Gables, Florida	Zip	28 Coral Gables, Florida	Zip	59-1109277	Not Applicable
24 33134	Country	29 33134	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input checked="" type="checkbox"/> Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KERRIGAN, JUANITA I. 255 ALHAMBRA CIRCLE 9TH FL CORAL GABLES FL 33134				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	201 Alhambra Circle
				83	12th Floor
				84 City	Coral Gables FL 85 Zip Code 33134

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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIRY, CHARLES	1.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	1.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I.	2.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	2.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.	3.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	3.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMA, MICHAEL	4.2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR	4.3 STREET ADDRESS	201 Alhambra Circle 12th Floor
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE		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		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 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, with all other like empowered.

SIGNATURE: Juanita I. Kerrigan **JUANITA I. KERRIGAN** 4/23/99 (305) 442-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)