

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90261 003 *1,800.00

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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 # 341854

1. Corporation Name
22-EAST ADVERTISING AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 22 E FLAGLER ST MIAMI FL 33131	Mailing Address %FEDERATED CORPORATE SERVICES, INC. 7 WEST SEVENTH STREET CINCINNATI OH 45202 US
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3. Date Incorporated or Qualified 02/19/1969

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

4. FEI Number 34-1854230	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD DENNIS J. BRODERICK
STREET ADDRESS	7 WEST SEVENTH STREET
CITY-ST-ZIP	CINCINNATI OH
TITLE	<input type="checkbox"/> DELETE
NAME	VPSD JOHN R. SIMS
STREET ADDRESS	7 WEST SEVENTH STREET
CITY-ST-ZIP	CINCINNATI OH
TITLE	<input type="checkbox"/> DELETE
NAME	VPT KAREN M. HOGUET
STREET ADDRESS	7 WEST SEVENTH STREET
CITY-ST-ZIP	CINCINNATI OH
TITLE	<input type="checkbox"/> DELETE
NAME	AS COX, JACK B
STREET ADDRESS	7 W. 7TH STRET
CITY-ST-ZIP	CINCINNATI OH 45202
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dennis J. Broderick
1.3 STREET ADDRESS	7 West Seventh Street
1.4 CITY-ST-ZIP	Cincinnati, Ohio 45202
2.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John R. Sims
2.3 STREET ADDRESS	7 West Seventh Street
2.4 CITY-ST-ZIP	Cincinnati, Ohio 45202
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Jack B. Cox Jack B. Cox Assistant Secretary 1/25/99 (513) 579-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)