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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 841391



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90035 033 ***150.00

Change

Change

Addition

Addition

ADVOCATE COMMUNICATIONS	S, INC.			
Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	t talist retri ktalt (tale ritta igigi (tal	meter mitte fille mittel fittle fines igel
12409 N.W. 35TH STREET CORAL SPRINGS FL 90505-4723 US 12409 N.W. 35TH STREET CORAL SPRINGS FL 90505-4723 US		723	DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualifed 08/31/1978	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		61-0927125	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 24 25	Zip 29 31	Country	This corporation owes the current ye Personal Property Tax.	ar Intangible □ Yes □ No
9. Name and Address of		<u>"</u>	10 Name and Address of New Regist	
12409 N.W. 35TH ST. CORAL SPRINGS FL 33065 11. Pursuant to the provisions of Sections 6 office or registered agent, or 500, in the agent. I apprendict the section of the section of the section of the section of the sec	07.0502 and 607.1508, Florida Statutes State of Florida. Such change was auth obligations of, Section 607.0505, Florid	83 84 City Co , the above-named corporate by the corporati a Statutes.	ral Springs poration submits this statement for the purpo por's board of directors. I hereby accept the second of	FL 85 Zip Code 33065 se of changing its registered appointment as registered
SIGNATURE Signature typed or printed name of regist	Tames J. Pasa ered agent and title if applicable. (NOW: Re	egistered Agent signature require	ed when reinstating) DA	TE
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE D	☐ ØELETE	1.1 TITLE		☐ Change ☐ Addition
NAME SWAIN, ENOS		12 NAME		
STREET ADDRESS 326 WALUNT ST		1.3 STREET ADDRESS		
CITY-ST-ZIP DANVILLE, KY 00000		1.4 CITY-ST-ZIP		
TITLE AS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME FTIZPATRICK, MICHELLE		2.2 NAME		
STREET ADDRESS 12409 N.W. 35 ST.		2.3 STREET ADDRESS		,
CITY-ST-ZIP CORAL SPRINGS FL		2. 4 CITY-ST-ZIP		
TITLE SD	DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME ANDERSO, BARBARA A.		3.2 NAME		· · · - · · · · · · · · · · · · · · · ·
STREET ADDRESS 326 WALUNT ST		3.3 STREET ADDRESS		•
CITY-ST-ZIP DANVILLE, KY 00000		3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE PTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition

CORAL SPRINGS FL

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 chapted, or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

8.2 NAME

☐ DELETE

X DELETE

.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SCHURZ, MARY

326 WALNUT ST

DAVIS, JOHN T.

DANVILLE KY

326 WALNUT ST.

SNEDEKER, WALLACE

12409 NW 35TH ST.

 $\overline{\mathsf{VPD}}$

DANVILLE, KY 00000

MICHELLE FITZPATRICK //20/99 (954)753-0100
SIGNATURE AND TYPED OR PRINCERAMME OF SIGNING OFFICER OR DIRECTOR

Daytime Photos #

12409 NW 35 th St.