

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

APPROVED AND FILED 10/2

97 MAR 20 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997 *9697*

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *M64979*  
1. Corporation Name  
*AD'MAGINATIONS, INC*

Principal Place of Business Mailing Address

2. Principal Place of Business  
21 *3710 NW 71 ST*  
Suite, Apt. #, etc

2a. Mailing Address  
26 *3710 NW 71 ST*  
Suite, Apt. #, etc

22 City & State  
23 *COCONUT CREEK, FL*

28 *COCONUT CREEK FL*

24 Zip *33073* Country *USA*

29 Zip *33073* Country *USA*

3. Date Incorporated or Qualified *1-14-1998* 3a. Date of Last Report *7-10-95*

4. FFI Number *65-0053191* Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent  
*ELIZABETH LUXON*  
*3710 NW 71 ST*  
*COCONUT CREEK, FL 33073*

10. Name and Address of New Registered Agent

81 Name *700002122967--2*

82 Street Address (P.O. Box Number is Not Permitted) *0325187--01002--014*  
*\*\*\*365.00 \*\*\*365.00*

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 *Elizabeth Luxon* (ELIZABETH LUXON) 3-19-97

12. OFFICERS AND DIRECTORS

TITLE	<i>VP OPERATIONS</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>BARNABAS E. BRITT</i>	
STREET ADDRESS	<i>3710 NW 71 ST</i>	
CITY-ST-ZIP	<i>COCONUT CREEK FL 33073</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<i>VP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>ELIZABETH LUXON</i>	(ADDRESS)
1.3 STREET ADDRESS	<i>3710 NW 71 ST</i>	
1.4 CITY-ST-ZIP	<i>COCONUT CREEK, FL 33073</i>	
2.1 TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>PHILIP BUTERA</i>	<i>TIERED ADDRESS</i>
2.3 STREET ADDRESS	<i>3710 NW 71 ST</i>	
2.4 CITY-ST-ZIP	<i>COCONUT CREEK, FL 33073</i>	
3.1 TITLE	<i>SIT</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>SUSAN ROBERTS</i>	
3.3 STREET ADDRESS	<i>1119 E RIVER DR</i>	
3.4 CITY-ST-ZIP	<i>MARGAR, FL 33062</i>	
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		

*A. Alan*  
*3/20/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 change, or on an attached sheet with an address.

SIGNATURE: *Elizabeth Luxon Pres* (ELIZABETH LUXON) 3/19/97 (954) 427-9822

CR2E034 (9/96)

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*Combining Creativity  
with Cost-Efficiency!*

March 18, 1997

Amy Alan  
Department of State  
Division of Corporations  
POB 6327  
Tallahassee FL 32314

Subject: Lauren & Associates  
RE: 097A00007772

Dear Amy:

I am in receipt of your notice regarding inactive status for the owner listed on our Fictitious Name Registration document.

After reviewing the report included with the letter, I found the address for the corporation was listed incorrectly on the records. The address shown was for a mail receiving service bureau which we used for several years, however, Federal Postal Exchange went out of business and we began using 3710 NW 71st Street, Coconut Creek, Florida as our permanent address in the fall of 1995.

I am enclosing a check for \$365.00 to cover 1996 and 1997 Annual Report filing fees and copies of all correspondence from the Department of State. In addition, I updated the report to reflect several changes that occurred in 1996 and have enclosed this for your review.

We are most interested in completing the process of filing the fictitious name registration as soon as possible. I understand I must resubmit the application *after the reinstatement is completed*. How do I determine when reinstatement is complete? Can you let me know? *In closing, I just want to thank you for your courtesy and assistance in helping me resolve this issue.* Let me know if I can do anything else to expedite the process. Have a great day!

Sincerely,

  
Elizabeth Luxon