

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 8:23

DOCUMENT # P94000076827 (2)

1. Corporation Name
FLIPPERS ADVERTISING, INC.

Principal Place of Business Mailing Address
955 SANDLAKE ROAD ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 923 Sandlake Rd		2a 923 Sandlake Rd		10/19/1994	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3280239	Not Applicable
24 City, State, County		29 City, State, County		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
				7. This corporation has liability for intangible tax under § 199.039, 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			
ROBINSON, IRA 2611 NORTH HIATUS ROAD SUITE 160 COOPER CITY FL 33026				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: Todd Dennis 9/25/95
(Signature typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Scott Kousaric		1.2 NAME		
STREET ADDRESS	923 SANDLAKE RD		1.3 STREET ADDRESS		
CITY, ST, ZIP	ORLANDO, FL.		1.4 CITY, ST, ZIP		
TITLE	V.P.		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TODD DENNIS		2.2 NAME		
STREET ADDRESS	923 SANDLAKE RD		2.3 STREET ADDRESS		
CITY, ST, ZIP	ORLANDO, FL.		2.4 CITY, ST, ZIP		
TITLE			3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY, ST, ZIP			3.4 CITY, ST, ZIP		
TITLE			4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST, ZIP			4.4 CITY, ST, ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: Todd Dennis 9/25/95 #057-6935
(Signature typed or printed name of signing officer or director) (DATE) (System Name)