

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 19, 1999 8:00 am**  
**Secretary of State**

08-19-1999 90009 041 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000027955 ✓

1. Corporation Name  
**ADVANCED ADVERTISING AGENTS AWARDS ASSOCIATION, INC.**



Principal Place of Business: 1920 PALM BCH LAKES BLVD., SUITE 101 W. PALM BCH FL 33409  
 Mailing Address: 1920 PALM BCH LAKES BLVD., SUITE 101 W. PALM BCH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/25/1998**

2. Principal Place of Business: 21 2017 Heatherbrook Dr  
 Suite, Apt. #, etc.  
 2a. Mailing Address: 26 2017 Heatherbrook Dr  
 Suite, Apt. #, etc.

4. FEI Number: 65-0821659  
 Applied For:  Not Applicable

22 City & State: 23 Tallahassee, FL  
 27 City & State: 28 Tallahassee, FL

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

24 Zip: 32312 25 Country: USA  
 29 Zip: 32312 30 Country: USA

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

8. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
 CORPORATE CREATIONS ENTERPRISES INC.  
 4521 PGA BLVD. #211  
 PALM BCH GARDENS FL 33418

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: D	<input checked="" type="checkbox"/> DELETE
NAME: CARVIN, JAMES	
STREET ADDRESS: 1920 PALM BCH LAKES BLVD., SUITE 101	
CITY-ST-ZIP: W. PALM BCH FL 33409	
TITLE: President	<input type="checkbox"/> DELETE
NAME: Carvin, James D	
STREET ADDRESS: 2017 Heatherbrook Dr.	
CITY-ST-ZIP: Tallahassee, FL 32312	
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: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Carvin James D.	
1.3 STREET ADDRESS: 2017 Heatherbrook Dr.	
1.4 CITY-ST-ZIP: Tallahassee, FL 32312	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 Date: 8/17/99 Daytime Phone # \_\_\_\_\_

0072399  
 CR2E034 (5/99)