FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **684825** **(3)**

1. Corporation Name

CONSTANTINO ADVERTISING, INC.

Principal Place of Business	Mailing Address
670 N ORLANDO AVE. SUITE 102 MAITLAND FL 32751	670 N ORLANDO AVE. SUITE 102 MAITLAND FL 32751

3. Date Incorporated or Qualified: **08/19/1980**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-2022696** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1022 Chokecherry Dr	26 P.O. Box 195534
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Winter Springs, FL	28 City & State: Winter Springs, FL
24 Zip: 32708 25 Country	29 Zip: 32719 30 Country

9. Name and Address of Current Registered Agent

CONSTANTINO, GARY B
1022 CHOKECHERRY DR.
WINTER SPRINGS 32708

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 607.1502, 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 _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	CONSTANTINO, GARY	
STREET ADDRESS	1022 CHOKECHERRY DR.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	V	☐ DELETE
NAME	CONSTANTINO, LINDA	
STREET ADDRESS	1022 CHOKECHERRY DR.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this report or supplemental 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 added to the above officer or director listing.

SIGNATURE: _____ 4/8/96 Date 407-699-1998 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Constantino

CR2E034 (12/95)