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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: \_\_

1. Corporation	MENT # <b>P9500</b> JAD ADVERTISING AND N	•	<b>)</b> )		
Principal Place	of Business	Mailing Address			AL MANINE HORBE DERING HORBE DEVING MILLE HORE
1652 EASTLAKE WAY FORT LAUDERDALE FL 33326		1652 EASTLAKE WAY FORT LAUDERDALE F			
				09/29/1995	Ba. Date of Last Report
2. Principal Place	ce of Business	2a. Mailing Address 26		4. FEI Number 65-062/639	/ Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for inta Florida Statutes Yes	ngible tax under s 199.032,
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regi	stered Agent
1652 EA	'S, CARL A STLAKE WAY AUDERDALE FL 33326		81         Name           82         Street Add           83         Add           City         City	ress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
SIGNATURE	S gnature, typed or privited name of registered agen	×6.	zed by the corporation's boars.  CESIDENT  OTE Registered Agent sgruature require	ration submits this statement for the purpos and of directors. I hereby accept the appoint ad wher reinstaling)  ADDITIONS/CHANGES TO OFFICE	4/24/96 DATE
TITLE	P	DELETE	1. 1 TITLE		Change Addition
NAME	RICKETTS, CARL A		1.2 NAME		
STREET ADDRESS	1652 EASTLAKE WAY FORT LAUDERDALE FL 3332	ne	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	1.4 CITY-ST-ZIP 2. 1 TITLE		Change Addition
NAME	MUHSIN, ABDUL H		2 2 NAME		
STREET ADDRESS	17645 N.W. 18TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054		2 4 CITY - ST - ZIP		
TITLE	ST LIMM LEGIE M	☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	LUNN, LESLIE M 1209 MANOR DRIVE SOUTH	1	3 2 NAME 3 3. STREET ADDRESS		
CHTY-ST-ZIP	FORT LAUDERDALE FL 333		3.4 CITY-ST-ZIP		
THTLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		(T) britte	4.4 CiTY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELÉTE	5 1 TITLE 52 NAME		Ci curande Ci varintian
NAME CTOSEL ANNOCCO			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TITLE		Change 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 oath; that I appears in	y certify that the information supplied the information indicated on this ann am an officer or director of the corp Block 12 or Block 13 if charged	with this filing is voluntarily full lual report or supplemental an eation or the receiver or trust of an interprised with an ad-	mished and does not qualify mual report is true and accur lee empowered to execute the dress.	for the exemption stated in Section 119.07 ate and that my signature shall have the sa- nis report as required by Chapter 607, Florid	(3)(k), Florida Statutes. I further me legal effect as if made under da Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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