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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 415242 (7)

1. Corporation Name
ANASTASIA ADVERTISING ART, INC.

Principal Place of Business

105 PONCE DE LEON BLVD
PO BOX 9014
ST AUGUSTINE FL 32085-9014
US

Mailing Address

105 PONCE DE LEON BLVD
PO BOX 9014
ST AUGUSTINE FL 32085-9014
US



3. Date Incorporated or Qualified 12/22/1972
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number 59-1427085
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

HARRY, SUSAN E.
105 PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Owen, Victor D.
82 Street Address (P.O. Box Number is Not Acceptable) 1275 So. Winterhawk Dr.
83
84 City St. Augustine FL 85 Zip Code 32086

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 2-28-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY, SUSAN E.		1.2 NAME	Susan E. Harry		
STREET ADDRESS	105 PONCE DE LEON BLVD		1.3 STREET ADDRESS	405 D Street		
CITY - ST - ZIP	ST. AUGUSTINE FL		1.4 CITY - ST - ZIP	St. Augustine, FL 32084		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	Director/Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SILVRI, DOROTHY L		2.2 NAME	Robert P. Harry, Jr.		
STREET ADDRESS	8360 CR 208		2.3 STREET ADDRESS	1093 AlA Beach Blvd., Suite 190		
CITY - ST - ZIP	ST. AUGUSTINE FL		2.4 CITY - ST - ZIP	St. Augustine, FL 32084		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRY, LILLIAN F.		3.2 NAME	Victor D. Owen		
STREET ADDRESS	357 FLUSHING AVENUE		3.3 STREET ADDRESS	1275 So. Winterhawk Dr.		
CITY - ST - ZIP	DAYTONA BEACH FL		3.4 CITY - ST - ZIP	St. Augustine, FL 32086		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODING, DAVID M.		4.2 NAME			
STREET ADDRESS	225 WATER STREET		4.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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: DATE 2-27-97 DAYTIME PHONE # 404-824-4421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)