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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 559736

(4)

ADVERTISING AND DESIGN SYSTEMS, INC.

FILED 97 APR 25 PM 1:06 SECRETARY OF STATE
TALLAMASSEE, FLORIDA

Principal Place of Business Mailing Address							1,001	iði Bstát árkið láini tágða átkin í	JAN BURN BURN B		
800 BRICKELL AVENUE 800 BRICKELL				ENIE				•			
SUITE 600		***	TE 600								
MIAMI FL 33131 US		MIA: US	MI FL 33131				s Date	Incorporated or Qualifie	d Sa. Da	ite of Last Re	eport
03		•						4/1978		1/1996	
2. Principal Pl	ace of Business	24.	Mailing Address				4, FEIN				plied For
21		26					59-	1815178		No	t Applicable
Suite, Apt.	#, & lc.		Suite, Apt. #, etc.				■ Certif	icate of Status Desired		\$8.75	
22		27					J , co			Fee Re	
City & State	9	þq	City & State				l l	ion Campaign Financing	\Box	\$5.00 Added t	
23 Zip	Country	28	Zip	T Cr	ountry	,		Fund Contribution corporation has liability f			
24	25	29	ε ιρ	30	J		1	corporation has hability t la Statutes	~ _	lax under s. ∃ No	199.032,
[24]	g Name and Address of		ered Agent	1901	T			e and Address of New		Agent	
MR	KGON, ZESTHER & RHYLH				81				_		
) -PEAMINGO-DA .	,	•		82	Street	Corpora	te Access, ox Number is Not Accep	Inc.		
MAINI BEACH FL-33140							1116-D	Thomasville	Road	h	
	***************************************				83		Mount W	ernon Squar	^^		
					84	City			., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	85 Zip (Code
						" *	Tallaha		FL		303
11. Pursuant	to the provisions of Sections 6 egistered agent, or both, in the miliar with, and accept the	07.0502 and 60	7.1508, Florida State	utes, the	abov	e-named	corporation sub-	mits this statement for the	e purpose of cept the app	changing it ointment as	s registered registered
agent. La	n familiar with, and accept th	e obligations of,	Section 607.0505, F	Florida St	atute	5.	polation a board	or an octoror i moracy ac		d	
SIGNATURE	Deening &		PRIZE.			···			{	64197	
	Signature hyped or printed pame of reg-					ent signature	required when reinstat	ing) IONS/CHANGES TO OF	DATE (DIDECTOR	C IN 12
12.	P/D /T	RS AND DIREC	DELETE	13	TITLE	····	T ADDIT	IONS/CHANGES TO OF	FICENS AINL	Change	Addition
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City - St - ZiP	MANANIA BONDA FLAXXXXXXXX				CITY-S						
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NAME	PESATURO, PHYLLIS		ckell Ave.	2.2	NAME			700002	3 4 CC C	no-z	
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14 I do hore	by certify that the information	supplied with th	is filing does not au	alify for th	ne exi	emotion a	stated in Section	119.07(3)(i), Florida Sta	lutes. I furthe	r certify that	the

SIGNATURE:

Daytime Phone #