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Apr 28 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 # H73578 (7)

1. Corporation Name
ADVERTISING SPECIALTY ASSOCIATES, INC.



Principal Place of Business
1099 SHOTGUN RD
SUNRISE FL 33326

Mailing Address
1099 SHOTGUN RD
SUNRISE FL 33326-1911

3. Date Incorporated or Qualified
08/26/1985

3a. Date of Last Report
04/16/1996

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

4. FEI Number
59-2573721

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

10. Name and Address of New Registered Agent

ROY A. GETZOFF
16408 DIAMOND PLACE
~~APT. 2204~~
FT. LAUDERDALE FL 33331

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Roy Getzoff* Jan 6, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for non-installing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	NAME	GETZOFF, ROY A.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	16408 DIAMOND PLACE			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	FT. LAUDERDALE FL			2.1 TITLE		2.2 NAME	
TITLE	PD	NAME	BERG, MICHAEL J.	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	3276 MUIRFIELD			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	FT LAUDERDALE FL			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	STD	NAME	GOLDFARB, M. JOEL	4.1 TITLE		4.2 NAME	
STREET ADDRESS	5001 SW 188TH AVE			4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP	FT LAUDERDALE FL			5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS		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: *Roy Getzoff* ROY GETZOFF 1-8-97 (954)452-2720

CR2E034 (9/96)