FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

10191 WEST SAMPLE ROAD CORAL SPRINGS FL 33085-3976

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 10191 WEST SAMPLE ROAD

CORAL SPRINGS FL 33065

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

3a. Date of Last Report

04/23/1996

3. Date Incorporated or Qualified

10/08/1993

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069982 (5)

CENTURY ADVERTISING, INC

2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0442798 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SIMON, ELAINE 10870 N.W. 32ND COURT Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL SPRINGS FL 33065** 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature Typed or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TOUR NAME SIMON. ELAINE 1.2 NAME 10870 N.W. 32ND COURT 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 1.4 CITY - ST - ZIP CCTY - ST - ZIP Change Addition DELETE 2.1 TITLE THE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP C-17-ST-71F Change Addition DELETE 3.1 TITLE TITLE NAMÉ 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP City - ST- ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE NAMI 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY - ST - ZUF Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-2H 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 YITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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.