

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90252 036 ***300.00

DOCUMENT # 293730

1. Corporation Name

CRISPIN & PORTER ADVERTISING, INC.

Principal Place of Business

2699 S BAYSHORE DR.
CORAL GABLES FL 33133

Mailing Address

2699 S BAYSHORE DR.
CORAL GABLES FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1965

4. FEI Number

59-1092833

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 SAME

City & State

23 MIAMI, FL

Zip

Country

24 SAME

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 MIAMI, FL

Zip

Country

29 SAME

30

9. Name and Address of Current Registered Agent

PORTER, CHARLES K.
2699 S BAYSHORE DR.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME PORTER, CHARLES K.

STREET ADDRESS 1501 W. 24TH ST., SUNSET ISLAND 3

CITY-ST-ZIP MIAMI BCH. FL

TITLE P ☐ DELETE

NAME HICKS, JEFFREY J

STREET ADDRESS 1632 S BAYSHORE COURT, #101

CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS SAME

1.4 CITY-ST-ZIP SAME

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

2.2 NAME SAME

2.3 STREET ADDRESS SAME

2.4 CITY-ST-ZIP SAME

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME ALEX BOGUSKY

3.3 STREET ADDRESS 6100 MOSS RANCH ROAD

3.4 CITY-ST-ZIP PINECREST, FL 33156

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES K. PORTER 8/99

Date

(305) 859-2070

Daytime Phone #

0193284

CR2E034 (11/98)