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**

DOCUMENT # 319599

PAUL ACOSTA ADVERTISING, INC.

| FILED | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Feb 08, 1999 8:00am | | | | | | | |
| Secretary of State | | | | | | | |

02-08-1999 90013 019 ***150.00

| | | | 4 | | | | | |
|---|------------------------------------|-----------------------|-------------|--|--|-----------------|------------------|--|
| Principal Place of Business Mailing Address | | | | | T I BOLDO ILIDA IRRA INCAL NIVIO IOJIO IOJI GITALI | ESBES DIES BIEN | ALANY DIDER 1880 | |
| 2303 PRK ST | | 2303 PRK ST | | | A.* | | | |
| JACKSONVILLE | FL 32204 | JACKSONVILLE FL 32204 | | | | , | | |
| US | US | · _ · _ · _ · | | DO NOT WRITE IN THIS | 3 SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed 08/07/1967 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Ar | pplied For | |
| 21 | | 26 | | 59-1172082 | N(| ot Applicable | | |
| | | Suite, Apt. #, etc. | <u> </u> | | 5. Certificate of Status Desired | \$8.75 | Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Re | equired | | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be | | |
| 23 | | 28 | | Trust Fund Contribution | Added | to Fees | | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Ir | itangible | | | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | ☐ Yes | □No | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered | Agent | | |
| · · · · · · · · · · · · · · · · · · · | | | 81 | Name | | | | |
| | ISTA ,PAUL B JR., 3 PARK STREET | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | | |
| | KSONVILLE FL 32204 | • | 83 | | 7.0 | 46.50 | | |
| 0,10. | | 4. | 63 | | | | 17 製造場 | |
| | | | 84 | City | FI | 85 Zip | Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonda 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 with | | | | | NO DIDECT | 220 11 40 | | |
| 12. | | ND DIRECTORS 13 | | | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | Addition | |
| TITLÉ | VD | _ | .1 TITLE | | | L'1 cuange | L Addition | |
| NAME | ACOSTA, ANN B | | | | | | | |
| STREET ADDRESS | | | .3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | .4 CITY-\$1 | r-zip | | | | |
| TITLE | D | ☐ DELETE 2 | 1.1 TITLE | | | ☐ Change | Addition ' | |
| NAME | | DANESE, JOHN B 22 NA | | | | | | |
| STREET ADDRESS | 1223 WESTDALE DRIVE 23S | | 3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 2.40 | | . 4 CITY-S | T-ZIP | | | | |
| TITLE | PD | ☐ DELETE 3.1 TO | | | | ☐ Change | Addition | |
| NAME | ACOSTA, PAUL B JR., 32 N | | 2 NAME | | | | Ĺ | |
| STREET ADDRESS | 2303 PARK STREET 338 | | 3.3 STREET | ADDRESS | | | 100 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 3.4.0 | | 3.4. CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE 4 | .1 TITLE | | The second secon | ☐ Change | Addition | |
| NAME | | | . 2 NAME | | | | | |
| STREET ADDRESS | , | · . | .3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | .4 CITY-ST | r-ZiP | | | | |
| TITLE | 4.001 | | S.1 TITLE | | | Change | ☐ Addition | |
| NAME | | | 2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | .] | |
| | · · | | i.4 CfTY-S1 | r-ZIP | | | | |
| CITY-ST-ZIP TITLE | 7 L 2 | | 1.1 TITLE | | | ☐ Change | Addition | |
| ****** | f | <u> </u> | | | | _ " | | |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: __

STREET ADDRESS

CITY-ST-ZIP

Q Paul B. Acosta, Jr.

1-14-99

384-5439 ·

Daytime Phone #