

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 407951 (3)

1. Corporation Name

COVALT ADVERTISING AGENCY, INC.



Principal Place of Business

12907 NE 7TH AVE.
P.O. BOX 610578
NO. MIAMI FL 33161

Mailing Address

12907 NE 7TH AVE.
P.O. BOX 610578
NORTH MIAMI FL 33261-578
US

3. Date Incorporated or Qualified
08/31/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 13700 S. Biscayne River Dr.

Suite, Apt. #, etc.

22 City & State
23 Miami, FL

24 Zip 33161

Country

2a. Mailing Address

26 P. O. Box 610578

Suite, Apt. #, etc.

27 City & State
28 N. Miami, FL

29 Zip 33261-0578

Country

4. FEI Number

59-1416770

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

COVALT, J. DAVID
12907 NE 7TH AVE
N. MIAMI FL 33161

ADDRESS CHANGE ONLY

13700 S. Biscayne River Dr.
Miami, FL 33161

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 the corporation

(Print) Registered Agent signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	COVALT, LETHA	
STREET ADDRESS	12907 NE 7TH AVE 13700 S. Bisc. River Dr.	
CITY-ST-ZIP	N MIAMI, FL 00000 Miami, FL 33161	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COVALT, J DAVID	
STREET ADDRESS	12907 NE 7TH AVE 13700 S. Bisc. River Dr.	
CITY-ST-ZIP	N MIAMI, FL 00000 Miami, FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and changed, or on an attachment with an address.

SIGNATURE:

Letha W. Covalt, Letha W. COVALT

4/10/96

305-688-6005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034 (12/95)