

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **498281** (5)  
1. Corporation Name  
**THE FLORIDA AD COMPANY**



Principal Place of Business <b>2151 W HILLSBOROUGH BLVD. STE 400 DEERFIELD BCH FL 33133 US</b>	Mailing Address <b>2151 W. HILLSBOROUGH BLVD. SUITE 400 DEERFIELD BCH FL 33133 US</b>
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/05/1976</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2005843</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>PERKINS, KENNETH A. % GEMAIRE DISTRIBUTORS INC 2151 W HILLSBORO BLVD #400 DEERFIELD BEACH FL 33442</b>				10. Name and Address of New Registered Agent	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	NEWMAN, RONALD P.	1.1 TITLE	SECRETARY	1.2 NAME	BARRY S. LOGAN
STREET ADDRESS	2665 S. BAYSHORE DR. #901	CITY-ST-ZIP	COCONUT GROVE FL	1.3 STREET ADDRESS	2665 S. BAYSHORE DRIVE #901	1.4 CITY-ST-ZIP	COCONUT GROVE, FLORIDA
TITLE	DP	NAME	PERKINS, KENNETH A.	2.1 TITLE		2.2 NAME	
STREET ADDRESS	251 W HILLSBORO BLVD #400	CITY-ST-ZIP	DEERFIELD BEACH FL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VP	NAME	FUMAGALI, OSCAR T	3.1 TITLE		3.2 NAME	
STREET ADDRESS	2151 W HILLSBORO BLVD #400	CITY-ST-ZIP	DEERFIELD BEACH FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	T	NAME	RODRIGUEZ, SERGIO A.	4.1 TITLE	VICE PRESIDENT - SEC.	4.2 NAME	MANUEL PEREZ DELA MESA
STREET ADDRESS	2151 W HILLSBORO BLVD	CITY-ST-ZIP	DEERFIELD BEACH FL	4.3 STREET ADDRESS	2665 S. BAYSHORE DRIVE #901	4.4 CITY-ST-ZIP	COCONUT GROVE, FLORIDA
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		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.

SIGNATURE:

*[Signature]*

3/17/98

CR2E034 (10/97)