

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
97 APR 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 559736 (4)
1. Corporation Name
ADVERTISING AND DESIGN SYSTEMS, INC.



Principal Place of Business Mailing Address
800 BRICKELL AVENUE SUITE 600 MIAMI FL 33131 US

3. Date Incorporated or Qualified **02/14/1978** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-1815178** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
JACKSON, ESTHER & PHYLLIS PESATURO
2570 FLAMINGO DR.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name **Corporate Access, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **1116-D Thomasville Road**
83 **Mount Vernon Square**
84 City **Tallahassee** FL 85 Zip Code **32303**

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 *Denny Banta, Pres.* DATE **4/19/97**
Signature typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D / T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ESTHER 800 Brickell Ave.	1.2 NAME	
STREET ADDRESS	2570 FLAMINGO DRIVE Suite 600	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33140 Miami, Fl 33131	1.4 CITY - ST - ZIP	
TITLE	V/D / S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESATURO, PHYLLIS 800 Brickell Ave.	2.2 NAME	
STREET ADDRESS	2570 FLAMINGO DRIVE Suite 600	2.3 STREET ADDRESS	700002155037--4
CITY - ST - ZIP	MIAMI BEACH FL 33140 Miami, Fl 33131	2.4 CITY - ST - ZIP	-04/25/97--01051--019
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	***165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	MWB
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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.

SIGNATURE: *Esther Jackson* DATE: **4/23/97** DAYTIME PHONE #: **373-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)