2.3-97 8- 1040 2-3-97 ター 1040 -NC 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

DOCUMENT # 628509

JOSEPH L. CARR ADVERTISING, INC.

(2)

FILED Feb 05 1997 8:00am Secretary of State

Principal Place of Rusiness Mailing Address 20 ISLAND AVE 20 ISLAND AVE					I IEBRE ALIVA II BEG IMIAL ARV	, 48 11 4 1811			*****	
						1				
SUITE 801	SUITE BOS				'					
MIAMI BEACH	FL 33139	MIAMI BEACH FL 331	39-1306							
U\$		US				3. Date Incorporated or Q	ualified		te of Last Re	eport
						06/29/1979		<u> </u>	06/1996	
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26	26			59-1920762 Not App				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status De	sirad		\$8.75	Additional
22		27				S. Certificate of Status De	sireo	لسنا	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Fina	encina		\$5.00	May Be
23		28				Trust Fund Contribution	_		Added t	
Zip	Country	Zip	С	ountry	1	8. This corporation has lia	bility for i	ntangible	tax under s.	199.032.
24	25	29	30			Florida Statutes Yes No				
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
VAI.	, SCOTT R.			81	Name					
	LINCOLN RD #327			L					··-···	
				82	Street Ad	ddress (P.O. Box Number is Not a	4cceptab	ye)		
MIAMI BCH FL 33139				83		:				
				03						
				84	City				85 Zip (Code
								FL		
office or i agent. I a SIGNATURE	to the provisions of Sections 607 egistered agent, or both, in the S in familiar with, and accept the o						by accer		ointment as	registered
	Signature, typed or printed name of registers				ent signature re	quired when reinstating)		DATE	DIDCOTOR	0.161.46
12.	PSD	AND DIRECTORS DELETE	13	S. TITLE		ADDITIONS/CHANGES	OOFFIC	ERS AND	Change	S IN 12 Addition
TITLE		L DECEM	_			i, i			L.J. Change	- Audston
NAME	CARR, JOSEPH L.		1.3	2 NAME		and the second second		1		
STREET ADDRESS	20 ISLAND AVE., #801		1.3	3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL			4 CITY-S	ST - ZIP	<u> </u>			·	
TITLE		☐ DELETE	2:	1 TITLE					☐ Change	Addition
NAME			2.3	2 NAME						
STREET ADDRESS			2.3	3 STREET	ADDRESS					
CITY-ST-ZIP			2	4 CITY-	ST-7IP	1.4				
TITLE		DELETE		1 TITLE		···········			Change	Addition
NAME			1	2 NAME		,				
					F ADDRESS	•				
STREET ADDRESS						,				
CITY-ST-ZIP		T NOI CTI		4. CITY-	51-ZIP	· · · · · · · · · · · · · · · · · · ·			Change	Addition
TITLE		☐ DELETE		1 TITLE		•			CIT CHAILGE	FTT MODIFICAT
NAME			4.	2 NAME		•				
ETDCET ADODCCC			I 43	CTOCCI	TANDRECC					

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 coperation or the receiver or typice exprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corrappears in Block 12 or Block 13 if

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

☐ Change

Addition

Addition