

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **633042** (7)

1. Corporation Name:
SAS ADVERTISING, INC.



Principal Place of Business: **1725 GOLFVIEW DR. BELLEAIR FL 34616**
Mailing Address: **901 OSCEOLA RD #205 P O BOX 2016 CLEARWATER FL 34617-2016 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	08/17/1979	08/17/1995
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	59-1977150	
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, CHARLES H 1725 GOLF VIEW DRIVE BELLEAIR FL 34616	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 607.0002 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 tender, with, and accept the obligations of, Section 607.0046, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	VS	1. TITLE	VS
2. NAME	BOERNER, MARY ANIT	2. NAME	ROBERT C. ADAMS
3. STREET ADDRESS	510 S. HIGHLAND	3. STREET ADDRESS	310 SUNSET WAY
4. CITY, ST, ZIP	CLEARWATER FL	4. CITY, ST, ZIP	OZONA, FL. 34660
5. TITLE	P	5. TITLE	
6. NAME	ADAMS, CHARLES H	6. NAME	
7. STREET ADDRESS	1725 GOLF VIEW DRIVE 901 OSCEOLA RD	7. STREET ADDRESS	
8. CITY, ST, ZIP	BELLEAIR FL	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		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 if changed, or on an affidavit with an address.

SIGNATURE: **Charles H. Adams** **CHARLES H. ADAMS** 2/12/96 (813)443-1279

CR2E034 (12/95)