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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State _ DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90064 008 ***150.00

DOCUMENT	#	633042

1. Corporation Name

SAS ADVERTISING, INC.

Principal Place	e of Business	Mailing Address			-	Eliam Iliam Istel marre mende e			
901 OSCEOLA	ROAD	P O BOX 2016				'			
205 208		CLEARWATER FL 34017 2016	- 337	57-20	Ro	DO NOT WRITE	IN THIS SDAC	F	
	1610° 33756	US			2 Date Incom	porated or Qualifed	IN THIS SEA		
US					08/17/19				
2 Principal D	lace of Business	2a. Mailing Address			4, FEI Number		1	App	lied For
· ·	lace of Business	26			59-1977	l .			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		<u> </u>			\$8	.75 A	dditional
22	, dec.	27			5. Certifcate of	of Status Desired [1 7	ee Rec	
City & Stat	e	City & State			6. Election Ca	ampaign Financing	_ \$5	5.00 h	May Be
23		28				Contribution		dded to	
Zip	Country	Zip	Country		8. This corpor	ration owes the current	year Intangible)	,
24	25	29	30		Personal P	roperty Tax.	☐ Ye	s (ZNo
	9. Name and Address of Curre	ent Registered Agent		·	10. Name and	Address of New Reg	istered Agent		
			81	Name		Ì			
	MS, CHARLES H		82	Street Addre	ess (P.O. Box Nu	mber is Not Acceptable	e)		
	OSCEOLA ROAD								•
_ 205	208		83			,			
BELL	LEAIR FL 34016 33756		84	City			85	Zip C	ode
				,		l •		-	
l office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thonzed by da Statutes	tne corporation	n's board of direc	tors. I hereby accept the	ne appointment	as reg	istered
42	Signature, typed or printed name of registered as	AND DIRECTORS	13.	t agriature required		/CHANGES TO OFFIC		ECTO	RS IN 12
12.	VS	☐ DELETE	1,1 TITLE		ABBITION	1		nange	Addition
NAME	ADAMS, ROBERT C.	-	1.2 NAME	1		1			
STREET ADDRESS	210 CHNSET WAY ZAS			· ·		•			
STREET ADDRESS		MUCTH CAROLINAA	TE STREET	TADDRESS					
OTT COT TID		NURTH CAROLINAA	•	İ					
CITY-ST-ZIP	020NA FL 34660		1.4 CITY-S	İ				nange	Addition
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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, with all other like empowered.

CHARLES H. ADAMS 1-11-99
NG OFFICER OR DIRECTOR
Date