

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # 644646

(2)

1. Corporation Name

THE AD TEAM OF FLORIDA INC.

Principal Place of Business

11900 BISCAYNE BLVD.
620
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD.
620
MIAMI FL 33181

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

DANIEL KISSELL
2333 BRICKELL AVENUE
MIAMI FL 33129

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 607.0132 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 607.0132, Florida Statutes.

SIGNATURE

Signature of the registered agent or the officer or director who is authorized to sign this statement.

Signature of the officer or director who is authorized to sign this statement.

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

V
NAME
ABRAMSON, NEAL
STREET ADDRESS
5310 NORTH 37 STREET
CITY-STATE-ZIP
HOLLYWOOD FL 33021-2201

12.2 TITLE ☐ DELETE

P
NAME
AUERBACH, ZEVIN
STREET ADDRESS
18181 NE 31 CT H9
CITY-STATE-ZIP
N. MIAMI BEACH FL

12.3 TITLE ☐ DELETE

ST
NAME
KATZ, MINDA
STREET ADDRESS
3316 BRUSSELS AVE
CITY-STATE-ZIP
COOPER CITY FL

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

12.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

12.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

12.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

12.8 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-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(9)(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 registered or transfer endorser to exempt this record 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:

Minda B. Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MINDA B. KATZ

3/13/96

305-899-2030

CR2E034 (12/95)