

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **684825** (3)  
1. Corporation Name  
**CONSTANTINO ADVERTISING, INC.**



Principal Place of Business Mailing Address  
**670 N ORLANDO AVE. SUITE 102** **670 N ORLANDO AVE. SUITE 102**  
**MAITLAND FL 32751** **MAITLAND FL 32751**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1022 Chokecherry Dr	26	P.O. Box 195534	08/19/1980	04/20/1995
22. City & State		27. City & State		4. FEIN Number	Applied For
23 Winter Springs, FL		28 Winter Springs, FL		59-2022696	Not Applicable
24	32708	25	32719	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
CONSTANTINO, GARY B				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1022 CHOKECHERRY DR.					
WINTER SPRINGS 32708					

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 607.0907 and 607.1509, 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 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINO, GARY	12 NAME	
STREET ADDRESS	1022 CHOKECHERRY DR.	13 STREET ADDRESS	
CITY-STATE-ZIP	WINTER SPRINGS FL	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINO, LINDA	22 NAME	
STREET ADDRESS	1022 CHOKECHERRY DR.	23 STREET ADDRESS	
CITY-STATE-ZIP	WINTER SPRINGS FL	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do hereby certify that the information furnished with this filing is true and correct, 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 results of a transfer of control as provided to exclude the report from audit by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Gary Constantino* 4/8/96 407-699-1998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)