FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 04, 1999 8:00 am Secretary of State

06-04-1999 90007 016 ***150.00

DOCUMENT # F17134 1. Corporation Name

Principal Place of Business

MS ADVERTISING SPECIALTY, INC.

5183 NW 66TH CORAL SPRING US		5183 NW 66TH LANE CORAL SPRINGS FL 33067 US			DO NOT WRITE IN THIS SP 3. Date incorporated or Qualifed 01/15/1981	ACE	
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2047423	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Additional Fee Required	
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country		Totalian reports ram	Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Ago	ent	
			81	Name	•		
SNOW, MICHAEL 5183 NW 66TH LANE			82	Stree	Address (P.O. Box Number is Not Acceptable)		
COR	AL SPRINGS FL 33067		83				
			84	City	FL	35 Zip Code	
i office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flor	ithorized by ida Statutes	the cor	d corporation submits this statement for the purpose of chaporation's board of directors, I hereby accept the appointm	inging its registered ent as registered	
<u> </u>	Signature, typed or printed name of registered a	•	<u> </u>	t signature	required when reinstating) DATE		
12		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	Change Addition	
TITLE	P	☐ DELETE	1.1 TITLE		L] Change Addition	
NAME	SNOW, MICHAEL		1.2 NAME				
STREET ADDRESS	5183 N.W. 66TH LANE		1.3 STREET	ADDRES	6		
CITY-ST-ZIP	CORAL SPRINGS FL		14 CITY-S	T-ZIP		1 Character D Addition	
TITLE		☐ DELETE	2.1 TITLE		_] Change	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRES	5		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	3.1 TIYLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRES			
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRES	3		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRES	3		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		[Change	
			6.2 NAME			<u> </u>	
NAME			6.3 STREE	LVDDBES			
STREET ADDRESS			64 CITY-8		•		

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 of 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 for on an apacitment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)