

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

**APPROVED
AND
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95 MAY 30 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # F27877 (2)

1. Corporation Name

ADVERTISING ENVIRONMENTS, INC.

DBA SORENSEN DESIGNWORKS

Principal Place of Business

Mailing Address

**608 E. LAS OLAS BLVD. STE. 101
FT LAUDERDALE FL 33301**

**608 E. LAS OLAS BLVD. STE. 101
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/01/1981** 3a. Date of Last Report **10/06/1994**

4. FEI Number **59-2108933** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. The corporation has liability for filer's gross tax under S. 199 CDF, Florida Statutes Yes No

21	2a. Mailing Address	26	2b. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	29	Zip
	County		County
30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SORENSEN, JEAN
715 CORDOVA ROAD
FT. LAUDERDALE FL 33316**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	PD
NAME	SORENSEN, JEAN
STREET ADDRESS	715 CORDOVA RD
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	600001504266
2	TITLE	-06/02/95--01021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	****225.00 ****225.00
23	STREET ADDRESS	
24	CITY, ST, ZIP	
3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 orally. 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.

SIGNATURE:

Jean Sorensen

Jean Sorensen

5-2-95 305 467-6266

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

(DATE)

(Telephone Number)