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

PROFIT CORPORATION ANNUAL REPORT

1999

OOLBAENE #



Secretary of State **DIVISION OF CORPORATIONS**

Mar 25, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

03-25-1999 90036 044 ***150.00

1. Corporation	NIEN 1 # F68255 . ADVERTISING, INC.						
Principal Place of Business Mailing Address						01011 OIBI3 #1841	
% LOUISE M GAINEY 970 NE 92ND STREET MIAMI SHORES FL 33138		% LOUISE M GAINEY 970 NE 92ND STREET MIAMI SHORES FL 33138		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/22/1982			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	ПА	pplied For
21	1200 01 22311000	26			59-2161585		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					-		Additional
22		27		منجر برايان المدار	5. Certificate of Status Desired	Fee R	equired
		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		
Zip	Country Zip Cou			try	8. This corporation owes the current year Ir		
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		31 Name	10. Name and Address of New Registered	Agent	
GAII	NEY, LOUISE M			Name			
970 NE 92ND STREET			[32 Street Addre	ess (P.O. Box Number is Not Acceptable)		}
MIAMI SHORES FL 33138			ļ.	33			
iAtnri	III ONO LEO 1 E OO 100		'		·		
	•		1	34 City	FI	85 Zip	Code
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Seption 607.0505, Florida	Statut	by the corporations.	oration submits this statement for the purpose of the board of directors. I hereby accept the appointment of the purpose of th	iiilliii ejit es i	- cgistered
12.	OFFICERS AND	7 10 -	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E		☐ Change	☐ Addition
NAME	GAINEY, LOUISE M			E	•		
STREET ADDRESS			1.3 STR	EET ADDRESS			(
CITY-ST-ZIP			1.4 CITY	-ST-ZIP			
TITLE			2.1 ΠΤ	E		Change	Addition
NAME			2.2 NAV	E .			
STREET ADDRESS	238		2.3 STR	EET ADDRESS			
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP-	<u></u>	·	
TITLE		☐ DELETE	3.1 TITL	E		Change	☐ Addition
NAME.	·		3.2 NAM	IE			
STREET ADDRESS	``		3.3 STR	EET ADDRESS			1
CITY-ST-ZIP				Y-ST-ZIP	<u></u>	Character	
TITLE	· ·		4.1 TITL	1		Change	☐ Addition
NAME			4. 2 NAI	I			
STREET ADDRESS			4200	EET ADDRESS			
r		i i		l			
CITY-ST-ZIP			4.4 CITY	'-ST-ZIP		מאחפתיו ["]	- Addition
TITLE		☐ DELETE	4.4 CITY 5.1 TITL	r-ST-ZIP		Change	☐ Addition
TITLE NAME		□ DELETÉ	4.4 CITY 5.1 TITL 5.2 NAW	Y-ST-ZIP E		Change	☐ Addition
TITLE NAME STREET ADDRESS		□ DELETE	5.1 TITL 5.2 NAM 5.3 STR	'-ST-ZIP E IE EET ADDRESS			☐ Addition
TITLE NAME		□ DELETE	5.1 TITL 5.2 NAM 5.3 STR	'-ST-ZIP E IE EET ADDRESS (-ST-ZIP			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, pr on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO