

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90069 022 ***150.00

DOCUMENT # F97000001102

1. Corporation Name
STRICTLY ADVERTISING, INC.

Principal Place of Business
15455 WEST DIXIE HWY STE B
N MIAMI BEACH FL 33162

Mailing Address
15455 WEST DIXIE HWY STE B
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

56-1943953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2263 NE 164th St.

Suite, Apt. #, etc.

22

City & State

23 N. Miami Beach, FL

Zip

24 33160

Country

25 USA

2a. Mailing Address

26 2263 NE 164th St.

Suite, Apt. #, etc.

27

City & State

28 N. Miami Beach, FL

Zip

29 33160

Country

30 USA

9. Name and Address of Current Registered Agent

EDMONDS, JULIE
15455 W DIXIE HWY STE B
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

Julie Edmonds

82 Street Address (P.O. Box Number is Not Acceptable)

2263 NE 164th Street

83

84 City

N. Miami Beach

FL

85 Zip Code

33160

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 Julie Edmonds - President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-99

12. OFFICERS AND DIRECTORS

TITLE PCD ☒ DELETE

NAME EDMONDS, JULIE
STREET ADDRESS 248 THREE ISLANDS BLVD #203
CITY-ST-ZIP HALLANDALE FL

TITLE PCD ☐ DELETE

NAME Edmonds Julie
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD ☒ Change ☐ Addition

1.2 NAME Edmonds Julie
1.3 STREET ADDRESS 1717 N. Bayshore Dr Apt 1557
1.4 CITY-ST-ZIP Miami, FL 33132-1153

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Edmonds Julie Edmonds 1-9-99 305 945 0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0032912

CR2E034 (11/98)