

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

FILED  
May 02 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **G20074** (2)  
1. Corporation Name  
**CONTEMPO-AIRY PROMOTIONS, INC.**



Principal Place of Business  
**1584 N.W. 23RD AVENUE  
FT. LAUDERDALE FL 33311**

Mailing Address  
**1584 N.W. 23RD AVENUE  
FT. LAUDERDALE FL 33311-5149**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/25/1983</b>  | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>59-2238716</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent  
**BOULET, MARK  
6720 N.W. 23RD TERRACE  
FT. LAUDERDALE FL 33309**

|   |
|---|
| 10. Name and Address of New Registered Agent          |
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | DELETE                   |
|----------------------------|-------------------------|--------------------------|
| TITLE                      | PD                      | <input type="checkbox"/> |
| NAME                       | BOULET, MARK            |                          |
| STREET ADDRESS             | 6720 N.W. 23RD TERRACE  |                          |
| CITY - ST - ZIP            | FT. LAUDERDALE FL       |                          |
| TITLE                      | VPD                     | <input type="checkbox"/> |
| NAME                       | BOULET, DAWN M          |                          |
| STREET ADDRESS             | 6720 NW 23RD TERR       |                          |
| CITY - ST - ZIP            | FT LAUDERDALE, FL 00000 |                          |
| TITLE                      | T                       | <input type="checkbox"/> |
| NAME                       | BOULET, DAWN M          |                          |
| STREET ADDRESS             | 6720 NW 23RD TERR       |                          |
| CITY - ST - ZIP            | FT LAUDERDALE FL        |                          |
| TITLE                      | S                       | <input type="checkbox"/> |
| NAME                       | REIDY, ROBERTA J.       |                          |
| STREET ADDRESS             | 4175 NW 113TH TERR.     |                          |
| CITY - ST - ZIP            | SUNRISE FL              |                          |
| TITLE                      |                         | <input type="checkbox"/> |
| NAME                       |                         |                          |
| STREET ADDRESS             |                         |                          |
| CITY - ST - ZIP            |                         |                          |
| TITLE                      |                         | <input type="checkbox"/> |
| NAME                       |                         |                          |
| STREET ADDRESS             |                         |                          |
| CITY - ST - ZIP            |                         |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY - ST - ZIP                                   |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY - ST - ZIP                                   |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY - ST - ZIP                                   |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY - ST - ZIP                                   |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY - ST - ZIP                                   |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 6.4 CITY - ST - ZIP                                   |  |                          |                          |

14. I do 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.

SIGNATURE:  4-22-97 954-486-8991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)