

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G41024**

(2)

1. Corporation Name

ADS ADVERTISING CORPORATION



Principal Place of Business

~~3223 N.W. 10TH TERR
SUITE 610
FORT LAUDERDALE FL 33309~~
*5310 N.W. 33rd Ave
Suite 212
Ft. Lauderdale, FL 33309*

Mailing Address

~~3223 N.W. 10TH TERR
SUITE 610
FORT LAUDERDALE FL 33309~~
*5310 N.W. 33rd Ave
Suite 212
FORT LAUDERDALE FL 33309*

3. Date Incorporated or Qualified

05/20/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2294596

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SMITH, ANDREW DAVID

~~6729 B BOCA PINES TRL.
BOCA RATON FL 33433~~

10. Name and Address of New Registered Agent

81

Name

Same

82

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

20955 VIETO TERR

83

84

City

BOCA RATON

FL

85

Zip Code

33433

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 of person or persons authorized to sign this statement

Signature of Registered Agent or person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

**SMITH, ANDREW DAVID
6729 B BOCA PINES TRL.
BOCA RATON FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

**SMITH, HOWARD A.
16 CHILDS RD.
LEXINGTON MA**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST

**SMITH, ELAINE M.
16 CHILDS RD.
LEXINGTON MA**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it 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: **ANDREW D. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-96 (954) 739-7005

CR2E034 (12/95)