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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G41024 1. Corporation Name

Principal Place of Business

ADS ADVERTISING CORPORATION

5310 NW 33RD AVENUE 212 FT. LAUDERDALE FL 33309 US		5310 NW 33RD AVENUE 212 FT. LAUDERDALE FL 33309 US			·			
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/20/1983			
21		26			59-2294596	1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27			5. Certifcate of Status Desired	Fee F	Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.0	May Be	
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Age	nt	<del></del>	
Char	CL AMPOEM DAVID		81	Name	•			
SMITH, ANDREW DAVID 20955 VIETO TERRACE			82 Street Add		dress (P.O. Box Number is Not Acceptable)			
_		_						
600	A RATON FL 33433		83					
			84	City	FL	55 Zi	Code	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag			the corporation	oration submits this statement for the purpose of chapitres board of directors. I hereby accept the appointm	ent as	registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIREC	TORS IN 12	
TITLE	P DELETE		1.1 TITLE		ν.Σ	Chang	e Addition	
NAME	SMITH, ANDREW DAVID		1.2 NAME	İ	1. + Tanna-0		-	
STREET ADDRESS	-6729 B BOCA PINES TRL.		1.3 STREE	TADORESS 2	.0955 VIIIO 12000C			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		oca Reton, Fl 33433			
TITLE		☐ DELETE	2.1 TITLE			] Chang	e 🔲 Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	•			
TITLE		☐ DELETÉ	3.1 TITLE			] Chang	e 🗌 Addition 🖯	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Ε.	] Chang	e	
NAME			4. 2 NAME					
STREET ADDRESS			43 STREE	TADDRESS			ł	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		. [	] Chang	e Addition	
NAME			5.2 NAME				1	
STREET ADDRESS			5.3 STREE	TADDRESS			)	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Γ	] Chang	e 🗌 Addition	
			6.2 NAME					

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 suppliemental 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90115 027 \*\*\*150.00