

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

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H09043 (1)

1. Corporation Name  
FORT LAUDERDALE PROMOTIONS, INC.



Principal Place of Business

2460 SR 84  
SUITE 203/205  
FT LAUDERDALE FL 33312  
US

Mailing Address

P. O. BOX 21443  
FT LAUDERDALE FL 33335-1443  
US

3. Date Incorporated or Qualified  
06/21/1984

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 749 SE 15TH STREET

Suite, Apt. #, etc.

22 SUITE #7

City & State

23 FORT LAUDERDALE, FL

Zip

24 33316

Country

25 BROWARD

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2698660

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

9. Name and Address of Current Registered Agent

HUBBARD, A. BROOKS  
2460 STATE ROAD 84  
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

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

83 749 SE 15TH STREET

84 City

FORT LAUDERDALE

FL

85 Zip Code

33316

11. Pursuant to the provisions of Sections 607.0505 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, typed or printed name of registered agent and title, if applicable

A. BROOKS HUBBARD 30 APRIL 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME HUBBARD, A. BROOKS  
STREET ADDRESS 2460 STATE ROAD 84  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME HUBBARD, A. BROOKS  
STREET ADDRESS 2460 STATE ROAD 84  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V ☐ DELETE

NAME CROUSE, ALISON  
STREET ADDRESS 503 SHADY LANE  
CITY-ST-ZIP ENOLA PA

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

749 SE 15TH STREET / SUITE #7  
FORT LAUDERDALE, FL 33316

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

749 SE 15TH STREET / SUITE #7  
FORT LAUDERDALE, FL 33316

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 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 person or persons 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 in an attachment with an address.

SIGNATURE:

A. BROOKS HUBBARD / PST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30APR97

(954) 524-4146

CR2E034 (9/96)