


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

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>                                  |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # H21482 (5)</b><br>1. Corporation Name<br><b>HDC ADVERTISING, INC.</b> |   |   |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>1901 W CYPRESS CREEK RD<br>6TH FL<br>FORT LAUDERDALE FL 33309<br>US | Mailing Address<br>1901 W CYPRESS CREEK RD<br>6TH FL<br>FORT LAUDERDALE FL 33309<br>US |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/10/1984</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>59-2553982</b>  |  |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br>TOUSIGNANT, NORMAND<br>3599 SATIN LEAF CT<br>CORAL SPRINGS FL 33065 |  |
| 81 Name  | 10. Name and Address of New Registered Agent |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COHEN, PHIL                       | 1.2 NAME  |   |
| STREET ADDRESS             | 1101 PARKSIDE CIR. NO.            | 1.3 STREET ADDRESS                                    | <b>23105 Via Stel</b>   |
| CITY-ST-ZIP                | BOCA RATON FL 33486               | 1.4 CITY-ST-ZIP                                       | <b>Boca Raton, FL 33433</b>                                       |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARRIS, STAN                      | 2.2 NAME  |   |
| STREET ADDRESS             | 11841 N.W. 11TH ST.               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PLANTATION FL 33323               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOUSIGNANT, NORMAND               | 3.2 NAME  |   |
| STREET ADDRESS             | 3599 SATIN LEAF COURT             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CORAL SPRINGS FL 33065            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 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)(f), 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: *Normand Tousignant* **NORMAND TOUSIGNANT** 1/8/98 954-771-1800

CR2E034 (10/97)