

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS**95 MAY -1 PM 1:30****DOCUMENT # H57518****(3)**

1. Corporation Name

GARY WEISS ADVERTISING, INC.

Principal Place of Business

**15499 MIAMI LAKEWAY NORTH SUITE #304
MIAMI LAKES FL 33014-2538**

Mailing Address

**15499 MIAMI LAKEWAY NORTH SUITE #304
MIAMI LAKES FL 33014-2538**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1985

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2532926

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

WEISS, GARY**15499 MIAMI LAKEWAY NORTH SUITE #304
MIAMI LAKES FL 33014-2538**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP**WEISS, GARY****15499 MIAMI LAKEWAY N 304****MIAMI LAKE FL**

1. 1 TITLE

1. 2 NAME

1. 3 STREET ADDRESS

1. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD**WEISS, MILDRED****15499 MIAMI LAKEWAY N 304****MIAMI LAKE FL**

2. 1 TITLE

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. 1 TITLE

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. 1 TITLE

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. 1 TITLE

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY WEISS**4/25/95****822-4231**