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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 # H93827 (4)

1. Corporation Name
LEON SHAFFER GOLNICK ADVERTISING, INC.

Principal Place of Business

Mailing Address

1 E. BROWARD BLVD.
STE. 303-W
FT. LAUDERDALE FL 33301
US

1 E. BROWARD BLVD.
STE. 303-W
FT. LAUDERDALE FL 33301-1843
US



2. Principal Place of Business

21 5401 N. FEDERAL
Suite, Apt. #, etc. HIGHWAY

22 City & State
FT LAUDERDALE, FL

23 Zip 33308 Country U.S.A

24 9. Name and Address of Current Registered Agent

GOLNICK MARSHALL
1-EAST BROWARD BLVD STE 303W
FT LAUDERDALE FL 33308

2a. Mailing Address

26 5401 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.

27 City & State
FT LAUDERDALE, FL

28 Zip 33308 Country USA

3. Date Incorporated or Qualified
01/14/1986

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

4. FEI Number

52-0737045

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

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

TITLE D
NAME GOLNICK, LEON SHAFFER
STREET ADDRESS 333 SUNSET DR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VDP
NAME GOLNICK, MARSHALL H
STREET ADDRESS 1318 W. TERRE MAR
CITY-ST-ZIP POMPANO BCH. FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 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:

MARSHALL GOLNICK

Date

Daytime Phone #

4/30/97 954-928-0000

0257085

CR2E034 (9/96)