

5-7-97 B- 6532 -c
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J23264 (1)
1. Corporation Name
DEFALCO ADVERTISING, INCORPORATED



Principal Place of Business % JAMES G. DEFALCO 800 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW FL 32746	Mailing Address % JAMES G. DEFALCO 800 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW FL 32746-5000
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2. Principal Place of Business 21 195 Wekiva Springs Rd Suite, Apt. #, etc. 22 Suite 100 City & State 23 Longwood, FL Zip 24 32779	2a. Mailing Address 26 195 Wekiva Springs Rd Suite, Apt. #, etc. 27 Suite 100 City & State 28 Longwood, FL Zip 29 32779
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3. Date Incorporated or Qualified 07/09/1986	3a. Date of Last Report 10/08/1996
4. FEI Number 59-2694029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEFALCO, JAMES G.
300 INTERNATIONAL PKWY
SUITE 300
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 195 Wekiva Springs Rd #
83 Suite 100
84 City Longwood FL 85 Zip Code 32779

11. Pursuant to the provisions of Sections 607.0512 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 607.1505, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/29/97
Signature, printed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEFALCO, JAMES G.	
STREET ADDRESS	300 INTERNATIONAL PKWY	
CITY-ST-ZIP	HEATHROW FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEFALCO, JERRY	
STREET ADDRESS	14 MELODY DR.	
CITY-ST-ZIP	COLONIAL NJ	
TITLE	PVS	<input type="checkbox"/> DELETE
NAME	DEFALCO, JAMES G.	
STREET ADDRESS	300 INTERNATIONAL PKWY	
CITY-ST-ZIP	HEATHROW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	195 Wekiva Springs Rd Ste 100
1.4 CITY-ST-ZIP	Longwood, FL 32779
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	195 Wekiva Springs Rd Ste 100
3.4 CITY-ST-ZIP	Longwood, FL 32779
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* DATE 4/29/97 407-333-0303

CR2E034 (9/96)