


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90111 039 ***150.00

0078901

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # J23264

1. Corporation Name
DEFALCO ADVERTISING, INCORPORATED

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 195 WEKIVA SPRINGS RD 100 LONGWOOD FL 32779 US | 195 WEKIVA SPRINGS RD 100 LONGWOOD FL 32779 US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1986

4. FEI Number

59-2694029

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

DEFALCO, JAMES G
195 WEKIVA SPRINGS RD
SUITE 100
LONGWOOD FL 32779

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 | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|---------------------------------|------|-------------------|--|----------------|--------------------------------|--|-------------|-------------|--|--|-----------|---|----------|--|--------------------|--|-----------------|--|
| <table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DEFALCO, JAMES G.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>195 WEKIVA SPRINGS RD, STE 100</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LONGWOOD FL</td><td></td></tr></table> | TITLE | D | <input type="checkbox"/> DELETE | NAME | DEFALCO, JAMES G. | | STREET ADDRESS | 195 WEKIVA SPRINGS RD, STE 100 | | CITY-ST-ZIP | LONGWOOD FL | | <table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr></table> | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME | | 1.3 STREET ADDRESS | | 1.4 CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | |
| NAME | DEFALCO, JAMES G. | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 195 WEKIVA SPRINGS RD, STE 100 | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | LONGWOOD FL | | | | | | | | | | | | | | | | | | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| 1.2 NAME | | | | | | | | | | | | | | | | | | | | | |
| 1.3 STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 1.4 CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DEFALCO, JERRY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>14 MELODY DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>COLONIAL NJ</td><td></td></tr></table> | TITLE | T | <input type="checkbox"/> DELETE | NAME | DEFALCO, JERRY | | STREET ADDRESS | 14 MELODY DR. | | CITY-ST-ZIP | COLONIAL NJ | | <table><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr></table> | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME | | 2.3 STREET ADDRESS | | 2.4 CITY-ST-ZIP | |
| TITLE | T | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | |
| NAME | DEFALCO, JERRY | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 14 MELODY DR. | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | COLONIAL NJ | | | | | | | | | | | | | | | | | | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| 2.2 NAME | | | | | | | | | | | | | | | | | | | | | |
| 2.3 STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 2.4 CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td>PVS</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DEFALCO, JAMES G.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>195 WEKIVA SPRINGS RD, STE 100</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LONGWOOD FL</td><td></td></tr></table> | TITLE | PVS | <input type="checkbox"/> DELETE | NAME | DEFALCO, JAMES G. | | STREET ADDRESS | 195 WEKIVA SPRINGS RD, STE 100 | | CITY-ST-ZIP | LONGWOOD FL | | <table><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr></table> | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME | | 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| TITLE | PVS | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | |
| NAME | DEFALCO, JAMES G. | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 195 WEKIVA SPRINGS RD, STE 100 | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | LONGWOOD FL | | | | | | | | | | | | | | | | | | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| 3.2 NAME | | | | | | | | | | | | | | | | | | | | | |
| 3.3 STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 3.4 CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> DELETE | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr></table> | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME | | 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | |
| 4.2 NAME | | | | | | | | | | | | | | | | | | | | | |
| 4.3 STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 4.4 CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> DELETE | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr></table> | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME | | 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> DELETE | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table> | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME | | 6.3 STREET ADDRESS | | 6.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)