

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J42349 (7)

1. Corporation Name  
AD-WRITE, INC.



Principal Place of Business

Mailing Address

~~MARTHA C. WOHLFORD~~  
~~1640 SOUTHEAST SEVENTH STREET~~  
~~FORT LAUDERDALE FL 33310~~

~~MARTHA C. WOHLFORD~~  
~~1640 SOUTHEAST SEVENTH STREET~~  
~~FORT LAUDERDALE FL 33316~~

2. Principal Place of Business

2a. Mailing Address

21 2631 E. OAKLAND PARK

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 209  
23 FT. LAUDERDALE, FL.

27 City & State

24 33306 25 USA

28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
11/17/1986

3a. Date of Last Report  
09/12/1995

4. FEI Number  
59-2746837

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

WOHLFORD, GEORGE J  
2631 E. OAKLAND PARK SUITE 209  
FORT LAUDERDALE FL 33306

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 line for principal officer or director of corporation

(If filer is Registered Agent, no signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS         | CITY - ST - ZIP         | <input type="checkbox"/> DELETE |
|-------|--------------------|------------------------|-------------------------|---------------------------------|
| D     | WOHLFORD, MARTHA C | 1640 SE SEVENTH STREET | FT. LAUDERDALE FL       |                                 |
| P     | WOHLFORD, GEORGE J | 5308 NE 3RD TERR       | FT. LAUDERDALE FL 33334 |                                 |
| V     | DONOVAN, JASON M   | 2851 NE 55TH PLACE     | FT. LAUDERDALE FL 33306 |                                 |
|       |                    |                        |                         | <input type="checkbox"/> DELETE |
|       |                    |                        |                         | <input type="checkbox"/> DELETE |
|       |                    |                        |                         | <input type="checkbox"/> DELETE |
|       |                    |                        |                         | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|--|
| D, S      |          |                    |                     |  |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D, P      |          |                    |                     |  |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|           |          |                    |                     |  |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|           |          |                    |                     |  |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|           |          |                    |                     |  |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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

5/16/96

954-390-0940

Daytime Phone

CR2E034 (12/95)