

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 # **J65594** (0)

1. Corporation Name

THE IMPACT OF ADVERTISING, INC.



Principal Place of Business

20860 NW 2ND AVE.
US HIGHWAY 441
MIAMI FL 33169
US

Mailing Address

2222 PONCE DE LEON BLVD
6TH FLOOR
CORAL SPRINGS FL 33134
US

2. Principal Place of Business

21 20800 N.W. 2nd Avenue

Suite, Apt. #, etc.

22 US Highway 441

City & State

23 Miami, Florida

Zip

Country

24 33169

25 US

2a. Mailing Address

26 20800 N.W. 2nd Avenue

Suite, Apt. #, etc.

27 US Highway 441

City & State

28 Miami, Florida

Zip

Country

29 33169

30 US

3. Date Incorporated or Qualified

04/01/1987

3a. Date of Last Report

03/27/1995

4. FEI Number

59-2825376

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

9. Name and Address of Current Registered Agent

FODIMAN, TODD A
2222 PONCE DE LEON BLVD
6TH FLOOR
CORAL SPRINGS FL 33134

10. Name and Address of New Registered Agent

81 Name

Todd A. Fodiman, Esq.

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

2222 Ponce de Leon Boulevard

83

Sixth Floor

84 City

Coral Gables

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 agree to the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZINN, WARREN H.	
STREET ADDRESS	20850 N.W. 2ND AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ZINN, DAVID	
STREET ADDRESS	20800 N.W. 2ND AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRAND, DAVID H.	
STREET ADDRESS	20860 N.W. 2ND AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Zinn, Warren H.	
3. STREET ADDRESS	20800 N.W. 2nd Avenue (US Hwy. 441)	
4. CITY-STATE-ZIP	Miami, FL 33169	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Brand, David H.	
11. STREET ADDRESS	20800 N.W. 2nd Avenue (US Hwy. 441)	
12. CITY-STATE-ZIP	Miami, FL 33169	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David H. Brand

1-26-96 (500) 654-3790

CR2E034 (12/95)