

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J68312 (4)

1. Corporation Name

ADVERTISING DESIGN, INC.



Principal Place of Business

Mailing Address

WHIDDON AVENUE LOG CABIN  
P O BOX 532  
CEDAR KEY FL 32625

P. O. BOX 532 N/A  
803 WHIDDON AVE.  
CEDAR KEY FL 32625  
US

3. Date Incorporated or Qualified  
04/16/1987

3a. Date of Last Report  
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 532

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

29 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAFTIS, MICHAEL  
803 WHIDDON AVE.  
CEDAR KEY FL 32625

81 Name RAFTIS, MICHAEL J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1018 WHIDDON AVE  
83  
84 City CEDAR KEY FL 85 Zip Code 32625

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

TITLE PST  
NAME RAFTIS, MICHAEL J  
STREET ADDRESS 803 WHIDDON AVE.  
CITY-ST-ZIP CEDAR KEY 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE VP  
1.2 NAME CONNIE A. RAFTIS  
1.3 STREET ADDRESS 1018 WHIDDON AVE  
1.4 CITY-ST-ZIP CEDAR KEY, FL 32625

2.1 TITLE PST  
2.2 NAME MICHAEL J. RAFTIS  
2.3 STREET ADDRESS 1018 WHIDDON AVE  
2.4 CITY-ST-ZIP CEDAR KEY, FL 32625

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL J. RAFTIS PRES. MICHAEL J. RAFTIS 8/2/96 352-543-5701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)