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

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

## **FILED** May 01 1998 8:00am Secretary of State

STEVE GUSTAFSON ADVERTISING, INC.					
Principal Place	e of Business	Mailing Address			
6348 BONNIE COURT 6348 BONNIE COURT					
8T GLOUD FL 34771		ST CLOUD FL 34771		DO NOT WIDITE IN TH	IO ODAOE
				DO NOT WRITE IN TH  3. Date Incorporated or Qualified	15 SPACE
				12/01/1988	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3003038	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent  WOOLFOLK, EDMUND T  81 Name  Name					
315 E. ROBINSON STREET					····
ORLANDO FL 32802-3751			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
					<u>L                                     </u>
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. 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 regulered ages	ot and title it in phicable (NOTE:	Registered Agent signature requi	rod when reinstating) DATI	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PO Gustafson, Stephen A.	L] DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	6348 BONNIE COURT		1.2 NAME		
STREET ADDRESS CITY+ST-ZIP	ST CLOUD FL 34771		1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		
TITLE	810	DELETE	2.1 TITLE		Change Addition
NAME	GUSTAFSON, CHERYL L		2.2 NAME		
STREET ADDRESS	6348 BONNIE COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	67 CLOUD FL 34771	DELETE	2.4 City-SI-ZIP		Change Addition
TITLE NAME		בן מננכונ	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<del> </del>	Change Addition
NAME :			5.2 NAME		valige notiful
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	M. that the information and lived	at the City of place and a self-to-	6.4 CITY-ST-ZIP	Spation 110 07/3Vi) Elorida Statutos I further	and it, that the intermetion

I nereby 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 informatio 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.