

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 # K75063 (3)

1. Corporation Name

ADVERTISING MEDIA RESOURCES INCORPORATED



Principal Place of Business

Mailing Address

~~4988 N UNIVERSITY DR~~
LAUDERHILL FL 33351
US

~~4988 N UNIVERSITY DR~~
LAUDERHILL FL 33351

3. Date Incorporated or Qualified
03/03/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21. **4988 N UNIVERSITY DR**
Suite, Apt. #, etc.

26. **4988 N UNIVERSITY DR**
Suite, Apt. #, etc.

4. FEI Number
65-0101989

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWAN, ANN MARIE
7522 SW 28TH ST
DAVE FL 33314

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

TITLE ☐ DELETE
NAME P
COWAN, ANN MARIE
STREET ADDRESS 7522 SW 28TH STREET
CITY-ST-ZIP DAVE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP
COWAN, AMANDA R.
STREET ADDRESS ~~4988 N UNIVERSITY DRIVE~~
CITY-ST-ZIP LAUDERHILL FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4988 N UNIVERSITY DR**
2.4 CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Ann Marie Cowan* ANN MARIE COWAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-742-3300
Display Phone #

CR2E034 (3/96)