Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

Ľ**P**N₀

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90122 044 \*\*\*150.00

## 

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

DOCUMENT #	L 1570	4
1 Compretion Name		•

AUTOMATED ADVERTISING INC.

Country

9. Name and Address of Current Registered Agent

25

CROUGHWELL, EDMOND HENRY

14931 CASTLEGATE AVE

Principal Place of Business % EDMOND HENRY CROUGHWELL 14931 CASTLEGATE AVE., SUITE 101 DAVIE FL 33331

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

% EDMOND HENRY CROUGHWELL 14931 CASTLEGATE AVE., SUITE 101

DAVIE FL 33331

26

27

28 Zip

29

DO NOT WRITE IN THIS SPACE
3 Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

09/11/1989 4. FEI Number

65-0143371

DAVI	E.PL 33331 😂 😇 💮 🖘 💮 😁		-  83		·		· ~	:		
			84	City			FL 85 Zip C	ode		
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 DIRECTO		13.			HANGES TO OFFI	CERS AND DIRECTOR	RS IN 12		
TITLE ]	DVP	DELETE	1.1 TITLE	$\overline{}$			☐ Change	Addition		
NAME I	CROUGHWELL, EDMOND HENRY		1.2 NAME							
STREET ADDRESS	14931 CASTLEGATE AVE		1.3 STREET	ADDRESS						
CITY-ST-ZIP	DAVIE FL		1.4 CITY-S	r-ZIP						
TITLE	TSC	DELETE	2.1 TITLE				Change	☐ Addition		
NAME	CROUGHWELL, EDMOND HENRY		2.2 NAME							
STREET ADDRESS	14931 CASTLEGATE AVE		2.3 STREET	ADDRESS						
CITY-ST-ZIP	DAVIE FL		2. 4 CITY-S	T-ZIP						
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition		
NAME			3.2 NAME	1						
STREET ADDRESS			3.3 STREET	ADDRESS				1		
CITY-ST-ZIP	Activities the second second		3.4. CITY-S	T-ZIP			<u> </u>			
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME			4. 2 NAME	ļ			•	1		
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	-ZIP						
TITLE		☐ DELETE	5.1 TITLE	}			☐ Change	Addition		
NAME		•	5.2 NAME							
STREET ADDRESS	The trade of the trade of the second		5.3 STREET	ADDRESS	•					
CITY-ST-ZIP	1949 - 5 - 60 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		5.4 CITY-S	r-ZIP		<u> </u>				
TITLE	Francisco Military	DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME	A A CONTRACTOR OF THE CONTRACT		6.2 NAME							
STREET ADDRESS	and the second of the second o		6.3 STREET	ADDRESS				}		
CITY-ST-ZIP	2.32		6.4 CITY-S	- 1						
14. I hereby o	ertify that the information supplied with this filing	does not qualify for t	he exempti	on stated i	in Section 119.07(3)(i), i	Florida Statutes. I fi	irther certify that the ir	formation		

Country

81

82

30

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, with all other like empowered.

SIGNATURE:



954-414-4505

.CR2E034 (11/98)