

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # L31797

(8)

1. Corporation Name

AD/MARKETING CONCEPTS, INC.

95 JUL -6 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1410 S.W. 13TH COURT
POMPANO BEACH FL 33069**

Mailing Address

**1410 S.W. 13TH COURT
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0162442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election to pay report fees by
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for interstate tax under s. 190.012
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**MELOY, JOSEPH A.
1410 SW 13TH COURT
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

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 of agent or person named as registered agent and the filer

Signature of Agent (signature required after registering)

Date

12. OFFICERS AND DIRECTORS

13. AGENT FOR SERVICE OF PROCESS (SEE INSTRUCTIONS TO AGENT)

TITLE	DP
NAME	MELOY, JOSEPH
STREET ADDRESS	1410 SW 13TH COURT
CITY, ST, ZIP	POMPANO BEACH 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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is a true and correct statement of the facts 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 registered agent or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required by the instructions with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF BOARD MEMBER OR DIRECTOR

6-28-95 305 942-4102