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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L50404

(7)

ASTOR ADVERTISING GROUP, INC.

FILED Jan 29 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Ac	daress							
C/O ERIC BACHKOFF 1801 S. FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483		1801 S. FE	C/O ERIC BACHKOFF 1801 S. FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483-3335							
		_				3. Date Incorporated or Qu 02/09/1990	alified		te of Last )1/1996	•
	lace of Business	2a. Mailing	g Address			4. FEI Number			———	Applied For
21		26				65-0267293				Not Applicable
Suite, Apt #, etc.		Suite, <i>I</i>	Suite. Apt #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State 23	9	City & -	State			Election Campaign Finan     Trust Fund Contribution	ncing	П		May Be to Fees
Zıp	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country	<i>y</i>	This corporation has liab     Florida Statutes	ility for i	ntangible t	tax under	
24	9. Name and Address	29 29 Of Current Registered A	\aent	30		10. Name and Address of				
RAC	CHKOFF, ERIC			81	Name					
12093 NW 31ST DRIVE				82	Street Add	dress (P.O. Box Number is Not A	cceptab	ole)		
COI	RAL SPRINGS FL 33065	5		83						
				84	City		<del></del>		85 Zij	Code
					·	rporation submits this statement (		FL.		
anant La			าก 607 กิริกร. E	iona Statute						
SIGNATURE	m familiar with, and accept			TE Registered Ag		u-red when reinstating)		DATE		
SIGNATURE	Signature, type 1 or printed name of OFF		kile (NO	TE Registered Ag		u-red when reinstating) ADDITIONS/CHANGES TO	O OFFIC			
SIGNATURE  12. TIMLE	Signal no. typed or printed name of OFF	registered agent and title if applicab		TE Registered Ag	ent signature req		OFFIC		DIRECTO	
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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; the Lam 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 25 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da

Date

Daytime Phone #