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**

DOCUMENT # 1. Corporation Name L57785

B & S ADVERTISING, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90010 016 ***150.00



Principal Place	of Business	Mailing Address				i ideliën des eine seen ideas idea din eine seen eine dien dien.				
% MITCHELL S.	GOLDMAN	% MITCHELL S. GOLDMAN								
96 WILLARD ST., SUITE 302		96 WILLARD ST., SUITE 302			DO NOT WRITE IN THIS SPACE					
COCOA FL 32922		COCOA FL 32922				3. Date Incorporated or Qualifed				ĺ
						03/05/1990				
2 Drivering Di	one of Business	2a. Mailing Address				4. FEI Number		Apr	plied For	
	ace of Business		26			65-0185494	ستحسيده بيامري	- 1-1	Applicable	[]
21 Suite, Apt. 7	# etc	Suite, Apt. #, etc.						\$8.75 A		
22		27	¬ ' '			5. Certifcate of Status Desired		Fee Re		١,
City & State			City & State			6. Election Campaign Financin	00	\$5.00	May Be	ı !
23		28	¬ '			Trust Fund Contribution	•	Added t		}
Zip Country		Zip Country				8. This corporation owes the o	urrent year Intan	gible		
24	25	29 30				Personal Property Tax.		Yes	□No	
2-4	9. Name and Address of Current					10. Name and Address of New Registered Agent				
			_	81	Name	·····				
	CHER, SHIRLEY		82 Street Ad			Address (P.O. Box Number is Not Acceptable)				
7200	PINE MANOR DR		62 Street			less (F.O. Box Number is Not Not	.ptdotc)			
SUIT	E 302	8								
LAKE	WORTH FL 33467			1				05 7im 6		ł
				84	City		FL	85 Zip C	,oue	
44 Purevant t	o the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the a	bove-	named corp	poration submits this statement for	he numose of ch	anging its	registered	1 1
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligation	f Florida. Such change was s	コルナカヘイリフモル	กทงห	he corporation	on's board of directors. I hereby ac	cept the appointr	nent as re	gistered	'
SIGNATURE		and title is annually (MOT)	E: Pecietare	d Agent	signature require	ed when reinstating)	DATE			-
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.		signature require	ADDITIONS/CHANGES TO		DIRECTO	RS IN 12	1 8
TITLE	D	DELETE	1.1 T			,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Change	Addition	1 3
		<u>_</u>	1.2 N							} }
NAME	STECHER, BENTLEY 7200 PINE MANOR DR				ADDRESS					}
STREET ADORESS				TY-ST-						5
CITY-ST-ZIP	LAKE WORTH FL	DELETE	2.1 T		- 211			Change	Addition	2
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TITLE		DELETE		ITLE				☐ Change	☐ Addition	
NAME :				6.2 NAME					•	
STREET ADDRESS			6.3 8	TREET	ADDRESS					Ì
CITY-ST-ZIP			6.4 0	ITY-ST	-ZIP.]

14. I hereby 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 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 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: