

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90114 029 ***150.00

DOCUMENT # **L65211**

1. Corporation Name
CAW ADVERTISING, INC.

Principal Place of Business
**9345 OLD ORCHARD RD
DAVIE FL 33328**

Mailing Address
**9345 OLD ORCHARD RD
DAVIE FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1990

4. FEI Number

13-2722466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 3200 North Ocean Blvd.

2a. Mailing Address

26 3200 North Ocean Blvd.

Suite, Apt. #, etc.

22 L'Hermitage II Unit 1902

Suite, Apt. #, etc.

27 L'Hermitage II Unit 1902

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33308

Country

25 USA

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

**WEBBER, CAROL ANN
9345 OLD ORCHARD RD
DAVIE FL 33328**

10. Name and Address of New Registered Agent

81

Name **WEBBER, Carol Ann**

82

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

3200 North Ocean Blvd.

83

L'Hermitage II Unit 1902

84

City **Ft. Lauderdale**

FL

85 Zip Code
33308

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

TITLE **P** ☐ DELETE

NAME **WEBBER, CAROL-ANN**
STREET ADDRESS **9345 OLD ORCHARD RD**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P**
Webber, Carol Ann
1.3 STREET ADDRESS **3200 North Ocean Blvd.**
1.4 CITY-ST-ZIP **L'Hermitage II Unit 1902**

2.1 TITLE **Ft. Lauderdale, FL** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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: **X Carol Ann Webber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-99

0286337

CR2E034 (11/98)