

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M30222 (7)

1. Corporation Name

ADVERTISING & PROMOTIONS UNLIMITED, CORP.



Principal Place of Business

Mailing Address

C/O FRANCINE R. ROSE
9123 SW 96TH AVENUE
MIAMI FL 33176

C/O FRANCINE R. ROSE
9123 SW 96TH AVENUE
MIAMI FL 33176

3. Date Incorporated or Qualified
04/09/1986

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address C/O H. LEVINSON CPA

21 4760 MT. PLEASANT CHURCH

26 10300 SUNSET DRIVE

4. FEI Number

59-2660608

Applied For

Not Applicable

22 Suite, Apt. #, etc. ROAD EAST

27 Suite, Apt. #, etc. 160

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State: BLAIRSVILLE, GA

28 City & State: MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip 30512 Country USA

29 Zip 33173 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, FRANCINE R.
9123 S.W. 96TH AVENUE
MIAMI FL 33176

81 Name HARVEY L. LEVINSON, CPA

82 Street Address (P.O. Box Number is Not Acceptable)
10300 SUNSET DRIVE

83 SUITE 160

84 City MIAMI

FL

85 Zip Code 33173

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 Harvey L. Levinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME ROSE, FRANCINE R.
STREET ADDRESS 9123 SW 96TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE
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CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCINE R. ROSE 4/11/96

706-745-7400

CR2E034 (12/95)