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 Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90014 024 ***150.00

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| DOCUMENT # M30222 | |
| ADVERTISING & PROMOTIONS UNLIMITED, CORP. | 1 (88) 98(1 SEE (1)) 1 BRITE 118 18 18 18 18 18 18 18 18 18 18 18 18 |
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| ADVERII | ISING & PROMOTIONS UNL | MITED, CORP. | | | | | | | | |
|--------------------------------------|--|---|--------------------------------------|-------------------------|---------------------------------|--|------------------|-----------------------------|------------------------|-----|
| Principal Place | of Business | Mailing Address | | | | t (\$0100) (\$4 till barto tiala tial | 8 1981 MIBIO EII | 141 WIN IE WENST O | | |
| 426 BLUE RIDG | E ST | % GORDON | | | | | | | • | |
| BLAIRSVILLE FL | | 6845 SW 71ST CT | | | | DO NOT WRITE | E IN THIS S | DACE. | | |
| บร | | SOUTH MIAMI FL 33143 | | | | | E IN THIS | PACE | | ł |
| | | US | | | | 3. Date Incorporated or Qualifed | | | | ĺ |
| | | 1 Da Adalian Addana | | | | 04/09/1986 4. FEI Number | | I An | plied For | 1 |
| | ace of Business | 2a. Mailing Address | | | | 59-2660608 | | <u> </u> | t Applicable | |
| 21 | | Suite, Apt. #, etc. | | 39-2000000 | \$8.75 Ad | | | İ | | |
| Suite, Apt. | #, etc. | | | | | 5. Certifcate of Status Desired | | Fee Re | | |
| City & State | | 27 City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be | | |
| 23 | · . | 28 | | | | Trust Fund Contribution | | Added t | | |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the curre | nt year Inta | ngible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No | |
| L <u>_</u> | 9. Name and Address of Current | | | | | 10. Name and Address of New Re | gistered A | gent | | |
| | | | | 81 | Name | | | | | |
| | NCINE ROSE % GORDON | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | | | 1 |
| | SW 7.1ST CT | | | | | | | | | |
| SQU | TH, MIAMI FL 33143 | | | 83 | | • | | | | |
| ł | | | | 84 | City | | | 85 - Zip (| Code | ł |
| 1 | · · · · · · · · · · · · · · · · · · · | | | | | | <u>FL</u> | 1 1 | | |
| 11. Pursuant office or reagent. I as | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat | and 607.1508, Florida Statut of Florida. Such change was a cons of, Section 607.0505, Flo | es, the a uthorized rida State | bove l by t utes. | e-named corp the corporation | oration submits this statement for the pon's board of directors. I hereby accept | the appoin | changing its tment as re | registered gistered | |
| SIGNATURE | Signature, typed or printed name of registered agen | | | Agen | t signature require | ed when reinstating) | DATE | | 00 111 40 | 1 3 |
| 12. | OFFICERS AN | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AN | Change | Addition | 1 3 |
| TITLE | PSD | ☐ DELETE | | | | | | ☐ Change | | } |
| NAME | ROSE, FRANCINE R. | | | | | | | | 3 | |
| STREET ADDRESS | 1,00 1111 12210. 111 | | | ADDRESS | | | | | Į | |
| CITY-ST-ZIP | BLAIRSVILLE GA 30512 | | | TY-S7 | T-ZIP | | | Change | Addition | 1 8 |
| TITLE | VPTD | ☐ DELETE | 2.1 TI | | | | | | | |
| NAME | WEINSTEIN, STUART A | 20 | 2.2 N | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | • | | | | |
| CITY-ST-ZIP- | BLAIRSVILLE GA 30512 2 4 cr | | | 1: ZIP | | <u> </u> | Change | Addition | 1- | |
| TITLE | , | □ nere₁e | 3.1 TI | | | | | ال الماري ال | | |
| NAME | | | 3.2 N | | ADDRESS | | | • | | |
| STREET ADDRESS | , | | | | ADORESS | | | | | |
| CITY-ST-ZIP | | DELETE | 3.4. C | TIF | 1-ZiP | | | Change | ☐ Addition | 1 |
| TILE | | - DELETE | | | | | | | _ | 1 |
| NAME | | | 4. 2 NAM | | TADDDECC | | | | | } |
| STREET ADDRESS | . * | | 4.3 STRI | | | | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY | | 1-217 | | | Change | Addition | 1 |
| TIFLE | | الماداد الماداد | 5.1 TITL 5.2 NAM | | | | | v. | _ | 1 |
| NAME STREET ADODESS | | | | | ADDRESS | | | | | 1 |
| STREET ADDRESS | , | | 1 | TY-S1 | | | | | | 1 |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TI | | | | | Change | Addition | 1 |
| NAME | <i>‡</i> | | 6.2 N | AME | | | | - | | 1 |
| STREET ADDRESS | 0.00 | | | TADDRESS | | | | | | |
| 31REE I AUURESS | | | | | | | | | 1 | |

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 point in the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the sceiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

706 745 7400