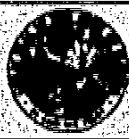


FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M40436

(1)

1. Corporation Name

MYERS, MYERS AND ADAMS ADVERTISING, INC.

Principal Place of Business

800 N VICTORIA PARK RD
FT. LAUDERDALE FL 33304

Mailing Address

800 N VICTORIA PARK RD
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

29

Country

30

9. Name and Address of Current Registered Agent

BRONCHICK, KENNETH C.
2734 E. OAKLAND PARK BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

81 Name

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

83

84 City

FL 65 Zip Code

10. Name and Address of New Registered Agent

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 restating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPC	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, PETER	1.2 NAME		
STREET ADDRESS	1616 NE 5TH CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, VIRGINIA	2.2 NAME		
STREET ADDRESS	1616 NE 5TH CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, PETER	3.2 NAME		
STREET ADDRESS	1616 NE 5TH CT.	3.3. STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR

4-19-55 (301) 523-6262

Date

Daytime Phone #