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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

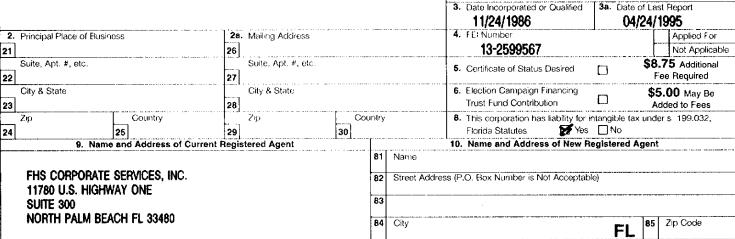
TRACY ADVERTISING, INC.

Mailing Address

139 NORTH COUNTY ROAD PALM BCH FL 33480

Principal Place of Business

139 NORTH COUNTY ROAD PALM BCH FL 33480



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, typed or printed name of regulated agent with t		II. Hogistered Agont's gnature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DI		13.	
TITLE	PO	DELÉTE	1. 1 TITVE	Change Addition
NAME	TRACY, WILLIAM		1.2 NAME	
STREET ADDRESS	139 N. COUNTY ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		1.4 CHY+ST+ZIP	
TITLE	VD	DELETE	2 1 THILE	Change Addition
NAMÉ	TRACY, PATRICIA		2.7 NAME	
STREET ADDRESS	139 N. COUNTY ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		2 4 CHY+S1+ZIP	
TITLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CHTY-ST-ZIP			3.4 C+TY - ST - Z+P	
TITLE		DELETE	4. 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY - ST - ZIP	
TITLE		[]] DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAMC	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-7IF			5.4 CITY - ST - ZIP	
TITLE		□ DELFTE	6. 1 TIYLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
DITY OF 750			64 C(1y . \$1 . 7)P	

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 cath; that I am an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chagged, or on an attachment with a dadress.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC