

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND  
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97 MAR 20 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997 9697

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

DOCUMENT # M64979  
1. Corporation Name

AD'MAGINATIONS, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business  
21 3710 NW 71 ST  
Suite, Apt. #, etc

2a. Mailing Address  
26 3710 NW 71 ST  
Suite, Apt. #, etc.

22 City & State  
23 COCONUT CREEK, FL  
24 Zip 33073  
25 Country USA

27 City & State  
28 COCONUT CREEK FL  
29 Zip 33073  
30 Country USA

3. Date Incorporated or Qualified  
1-14-1998

3a. Date of Last Report  
7-10-95

4. FET Number  
65-0053191

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 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

ELIZABETH LUXON  
3710 NW 71 ST  
COCONUT CREEK, FL 33073

81 Name 700002122967--2  
82 Street Address (P.O. Box Number is No) 03/25/97--01002--014  
83 \*\*\*\*365.00 \*\*\*\*365.00  
84 City FL 85 Zip Code

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 my obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (ELIZABETH LUXON)

(NOTE: Registered Agent signature required when reinstating)

3-19-97

12. OFFICERS AND DIRECTORS

TITLE VP OPERATIONS  
NAME BARNABAS E. BRITT  
STREET ADDRESS 3710 NW 71 ST  
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P  
12 NAME ELIZABETH LUXON  
13 STREET ADDRESS 3710 NW 71 ST  
14 CITY-ST-ZIP COCONUT CREEK, FL 33073

21 TITLE VP  
22 NAME PHILIP BUTERA  
23 STREET ADDRESS 3710 NW 71 ST  
24 CITY-ST-ZIP COCONUT CREEK, FL 33073

31 TITLE  
32 NAME SUSAN ROBERTS  
33 STREET ADDRESS 1119 E RIVER DR  
34 CITY-ST-ZIP MARGAR, FL 33062

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

71 TITLE  
72 NAME  
73 STREET ADDRESS  
74 CITY-ST-ZIP

81 TITLE  
82 NAME  
83 STREET ADDRESS  
84 CITY-ST-ZIP

91 TITLE  
92 NAME  
93 STREET ADDRESS  
94 CITY-ST-ZIP

101 TITLE  
102 NAME  
103 STREET ADDRESS  
104 CITY-ST-ZIP

111 TITLE  
112 NAME  
113 STREET ADDRESS  
114 CITY-ST-ZIP

121 TITLE  
122 NAME  
123 STREET ADDRESS  
124 CITY-ST-ZIP

131 TITLE  
132 NAME  
133 STREET ADDRESS  
134 CITY-ST-ZIP

141 TITLE  
142 NAME  
143 STREET ADDRESS  
144 CITY-ST-ZIP

151 TITLE  
152 NAME  
153 STREET ADDRESS  
154 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 addition with an address.

SIGNATURE:

Signature of Registered Agent (ELIZABETH LUXON) 3/19/97 (954) 407-2822

CR2E034 (9/96)

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Combining Creativity  
with Cost-Efficiency!

March 18, 1997

Amy Alan  
Department of State  
Division of Corporations  
POB 6327  
Tallahassee FL 32314

Subject: Lauren & Associates  
RE: 097A00007772

Dear Amy:

I am in receipt of your notice regarding inactive status for the owner listed on our Fictitious Name Registration document.

After reviewing the report included with the letter, I found the address for the corporation was listed incorrectly on the records. The address shown was for a mail receiving service bureau which we used for several years, however, Federal Postal Exchange went out of business and we began using 3710 NW 71st Street, Coconut Creek, Florida as our permanent address in the fall of 1995.

I am enclosing a check for \$365.00 to cover 1996 and 1997 Annual Report filing fees and copies of all correspondence from the Department of State. In addition, I updated the report to reflect several changes that occurred in 1996 and have enclosed this for your review.

We are most interested in completing the process of filing the fictitious name registration as soon as possible. I understand I must resubmit the application *after the reinstatement is completed*. How do I determine when reinstatement is complete? Can you let me know? *In closing, I just want to thank you for your courtesy and assistance in helping me resolve this issue.* Let me know if I can do anything else to expedite the process. Have a great day!

Sincerely,

  
Elizabeth Luxon