

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 # M70050 (3)

1. Corporation Name

G & S ADVERTISING, INC.



Principal Place of Business

6081 SW 30TH COURT
FT. LAUDERDALE FL 33314
US

Mailing Address

P.O. BOX 292037
DAVIE FL 33329
US

3. Date Incorporated or Qualified
02/29/1988

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0037909

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

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9. Name and Address of Current Registered Agent

PORTLEY, PETER A.
2401 EAST ATLANTIC BLVD
SUITE #105
POMPANO BEACH FL 33062

81. Name

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

83

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when changing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ST MARCELLINO, CHRISTINE
300 S. PINE ISLAND RD. #105
PLANTATION FL

TITLE ☐ DELETE

NAME
VP FLUTIE, GLENN
300 S PINE ISL RD #105
PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

Christine Marcellino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/96 305-763-8111
Date Daytime Phone #

CR2E034 (12/95)