

8/16/97 w/letter

1

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # M85324**  
1. Corporation Name  
**SUSAN ACKLEY ADVERTISING, INC.**

(5)

FILED

97 AUG 22 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**300 ARAGON AVE  
3270  
CORAL GABLES FL 33134  
US**

Mailing Address  
**300 ARAGON AVE  
#270  
CORAL GABLES FL 33134  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/14/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2893458</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>4515 SW 68 Ct Cr</b> Suite, Apt. #, etc. 22 <b>#3</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33155</b>	26 <b>4515 SW 68 Ct Cr</b> Suite, Apt. #, etc. 27 <b>#3</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33155</b> Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**ACKLEY, SUSAN  
300 ARAGON AVE #270  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 <b>4515 SW 68 Ct Cr #3</b> City <b>Miami</b> FL 85 <b>33155</b>

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]* DATE **8/18/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P ACKLEY, SUSAN</b>	1.2 NAME	
STREET ADDRESS	<b>4515 SW 68 CT CR #3</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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.

CR2E034 (4/97)

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ackley  
marketing  
group

August 18, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: M85324 Susan Ackley Advertising Inc

To Whom it may Concern:

I have just received a second notice, however never received the first. I relocated my office and am enclosing all the updated information:

Susan Ackley Advertising, Inc  
4515 SW 68 Ct Cr #3  
Miami, FL 33155  
305-663-6774 (Ph) 663-4941 (Fx)

Please call if you have any questions or need additional information.  
Thank you.

Susan Ackley, President