

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 12:06

DOCUMENT # N33144 (9)

1. Corporation Name

WEST PALM BEACH ADVERTISING POOL, INC.

Principal Place of Business

Mailing Address

FLORIDA NATIONAL BANK BLDG
301 E OCEAN BLVD #310
STUART FL 34994

FLORIDA NATIONAL BANK BLDG
301 E OCEAN BLVD #310
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1989
3a. Date of Last Report 06/21/1994

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2300 S Federal Hwy
Suite, Apt. #, etc.

26 2300 S Federal Hwy
Suite, Apt. #, etc.

22 City & State
STUART, FL

27 City & State
STUART, FL

23 Zip 34994
Country USA

28 Zip 34994
Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

STEGER, KAREN O'BRIEN
FLORIDA NATIONAL BANK BLDG
301 E OCEAN BLVD #310
STUART FL 34994

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	SANTAGATA, JOHN
STREET ADDRESS	2300 SE FEDERAL HWY
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	HORWITZ, TERRY
STREET ADDRESS	1602 U.S. #1
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD
NAME	JACOBSON, WAYNE
STREET ADDRESS	1541 N MILITARY TRAIL
CITY-ST-ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(4)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Santagata* PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95 407 2834110
Date Digitized