FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N33144**

WEST PALM BEACH ADVERTISING POOL, INC.

Principal Place of Busin
2300 S FEDERAL HWY
STUART FL 34994
US

21

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2300 S. FEDERAL HWY. STUART FL 34994

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90034 015 ****61.25



3. Date Incorporated or Qualifed

NOT APPLICABLE

06/30/1989

4. FEI Number

City & State	•	City & State	•			5. Certifcate of Status Desir	ed 🗔	Fee Requ	
3	·	28	 	3 m. 1 m. 4 m :		C Flories Commiss Finan	cina	\$5.00 M	
Zip	Zip Country Zip			Country		6. Election Campaign Finan Trust Fund Contribution		Added to	•
4	25	29	30			10. Name and Address of	lew Register		
	9. Name and Address of Curre	nt Registered Agent		81	Name	To. Name and Address of			
		. '				·			
STEGER, KAREN O'BRIEN				82 Street Address (P.O. Box Number is Not Acceptable)					
FI ORIDA	NATIONAL BANK BLDG	· • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·			
301 E OCEAN BLVD #310				83		<u> </u>			
STUART F		•		84	City	,		85 Zip Co	ode
		· · · · · · · · · · · · · · · · · · ·		1_				o of observing its s	enistered
11. Pursuant office or reagent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida of Florida. Such chang ations of, Section 617.0	ia Statutes, the ge was author 1503, Florida	ie above ized by Statutes	e-named cor the corpora	poration submits this statement in the tion's board of directors. I hereby		·	stered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Regis	tered Agen	it signature requi	red when reinstating)	DAT		O (N) 42
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES T	O OFFICERS		
TITLE	PTD		LETE	1,1 TITLE		•		Change	Addition
	SANTAGATA, JOHN			1.2 NAMÉ	ļ	•			
NAME STREET ADDRESS	ARRA OF PEDEDAL LIMIN			1.3 STREET	T ADDRESS	and the second s			
	STUART FL			1.4 CITY-S	T-ZIP				
CITY-ST-ZIP	D	□ DI	ELETE	2.1 TITLE		-		Change	☐ Additio
TITLE	1 - 1			2.2 NAME					
NAME	HORWITZ, TERRY		1	2.3 STREE	TADDRESS	. •			
STREET ADDRESS	- 17·			2. 4 CITY-5	ST-ZIP				
CITY-ST-ZIP	VERO BEACH FL			3.1 TITLE				Change	Additio
TITLE	SD WAYNE			3.2 NAME					
NAME	JACOBSON, WAYNE			3.3 STREE	T ADDRESS				
STREET ADDRESS				3.4. CITY-1		<u></u>		<u></u>	
CiTY-ST-ZIP	W PALM BEACH FL		ELETE	4.1 TITLE				Change	☐ Additio
TITLE 1	3 144			4. 2 NAME			- 1		
NAME				4.3 STREE	T ADDRESS		•		100
STREET ADDRESS	5			4.4 CITY-8	-			3 . 4	
CITY-ST-ZIP	<u> </u>	<u> </u>	ELETE	5.1 TITLE				Change	Addition
ÎTITLE	1		l	5.2 NAME					
NAME				5.3 STREE	ET ADDRESS				
STREET ADDRESS	S			5.4 CITY-				<u> </u>	
CITY-ST-ZIP		П	DELETE	6.1 TITLE		•		☐ Change	Additi
TITLE	[44] [4] [4] [4]	٠.		6.2 NAME	1			•	
NAME .					ET ADORESS		•		
STREET ADDRESS	1 1/2			e a crty	מול דם			•	
CITY-ST-ZIP	certify that the information supplied			0.4 (4)11-	di-an	in Section 119 07(3\(i) Florida St	atutes I furth	er certify that the i	nformation

ed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trustee empowered to execute this report as re Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable \$8.75 Additional