

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 1:25

DOCUMENT # **N40790 (0)**
1. Corporation Name
PONTIAC PERFORMERS ADVERTISING ASSOCIATION, INC.

Principal Place of Business Mailing Address
5555 SOUTH US #1 P O BOX 908 FORT PIERCE FL 34954
5555 SOUTH US #1 P O BOX 908 FORT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/01/1990** 3a. Date of Last Report **03/08/1994**
4. FEI Number **65-0223082** 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
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BARNETT, STEVE
P O BOX 908 NA
5555 S US #1
FT PIERCE FL 34954**

10. Name and Address of New Registered Agent
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORAN, DAN
STREET ADDRESS	3720 NORTHLAKE BLVD
CITY-ST-ZIP	LAKE PARK FL
TITLE	T
NAME	STEWART, EARL
STREET ADDRESS	1928 S DIXIE HWY
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	D
NAME	SHEEHAN, SHERWOOD
STREET ADDRESS	2400 S FEDERAL HWY
CITY-ST-ZIP	DELRAY BCH FL
TITLE	D
NAME	BOWSHIER, JACK
STREET ADDRESS	2445 S E FEDERAL HWY
CITY-ST-ZIP	STUART FL
TITLE	DP
NAME	BARNETT, STEVE
STREET ADDRESS	5555 SO US #1
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D
NAME	MOORE, STEVE (INC)
STREET ADDRESS	1700 E. PALM BEACH ROAD
CITY-ST-ZIP	BELLE GLADE FL

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 110.07(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 incorporator 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 changing or adding an officer or director's name or address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95 (407) 833-4554
Date (Type Name)