

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

Mailing Address  
**5555 SOUTH US #1  
P O BOX 908  
FORT PIERCE FL 34954**

3. Date Incorporated or Qualified  
**11/01/1990**

3a. Date of Last Report  
**02/13/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

2a. Mailing Address  
**26** **1928 S. DIXIE HIGHWAY**

Suite, Apt. #, etc.  
**27**

City & State  
**28** **WEST PALM BEACH, FL**

Zip  
**29** **33401**

Country  
**30** **USA**

## 9. Name and Address of Current Registered Agent

**BARNETT, STEVE  
PO BOX 908 N/A  
5555 S US #1  
FT PIERCE FL 34954**

## 10. Name and Address of New Registered Agent

**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 617.0502 and 617.1508, 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 617.0503, 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORAN, DAN</b>	
STREET ADDRESS	<b>3720 NORTHLAKE BLVD</b>	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, EARL</b>	
STREET ADDRESS	<b>1928 S DIXIE HWY</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEEHAN, SHERWOOD</b>	
STREET ADDRESS	<b>2400 S FEDERAL HWY</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWSHIER, JACK</b>	
STREET ADDRESS	<b>2445 S E FEDERAL HWY</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNETT, STEVE</b>	
STREET ADDRESS	<b>5555 SO US #1</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, STEVE (INC)</b>	
STREET ADDRESS	<b>1700 E. PALM BEACH ROAD</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL</b>	

## 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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by an attachment with an address.

SIGNATURE:

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

3/8/96  
Date

407-833-4554  
Daytime Phone #

CR2E037 (12/95)