

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **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

**1928 S. DIXIE HWY  
WEST PALM BEACH FL 33401-7735  
US**3. Date Incorporated or Qualified  
**11/01/1990**3a. Date of Last Report  
**03/13/1996**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.**22**  
City & State**23**  
Zip**24**  
Country

2a. Mailing Address

**25**  
Suite, Apt. #, etc.**26**  
City & State**27**  
Zip**28**  
Country

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038035

CR2E037 (9/96)

2-7-97