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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000001536	(0)
Corporation Name		• •

BOB GEISSINGER ADVERTISING & MARKETING, INC. Mailing Address Principal Place of Business 9601 NW 9TH CT. 9601 NW 9TH CT. PLANTATION FL 33324 PLANTATION FL 33324 3a. Date of Last Report 3. Date Incorporated or Qualified 01/08/1993 04/18/1995 4. FLI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0384328 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Florida Statutes ☐ Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name GEISSINGER, ROBERT S 82 Street Address (P.O. Box Number is Not Acceptable) 9601 NW 9TH COURT PLANTATION FL 33324 83 City 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 Ficrida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative ityped or printed harne of registered agent and title if applican-(NOTE: Bisgistered Agent's goat iranequired which remalating CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 DOGE TITLE GEISSINGER, ROBERT S 1.2 NAME NAME 9601 NW 9TH CT. 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change Change 2 1 11/16 TITLE 2.2 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 24 City-St-ZIP CITY - ST - ZIP DELETE 3 1 117LE Change Addition THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3 4 CITY ST-ZIP DEL ETE Change Addition 4. 1 TIELE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 4.4 CITY - ST - ZIP ☐ DELETE Change Addition 5 I TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE 6 1 1001 TITLE NAME 6.2 NAME

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 of the receiver or truster suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloc

6.3 STHEET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP