## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300040060 (4)

AD PRO PROMOTIONS, INC.

 Principal Place of Business	Mailing Address
4936 HURER WAY	4006 HARRED WAY

## FILED May 06 1997 8:00am Secretary of State



4936 UMBER WAY TAMPA FL 33624				4936 UMBER WAY TAMPA FL 33624								
								3. Date Incorporated or Qualified 06/07/1993	d 3a. Date of Last Report 02/27/1996			
				. Mailing Address			4. FEI Number				hed For	
21			26					59-3186915			Not	Applicable
Suite, Apt. #, etc.  22  City & State			27				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			City 28	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
∠ıp	······································			Countr	V		8. This corporation has liability for intangible tax under s. 199.032,					
24	25	]	29		30	Florida Statutes Yes No				33.032,		
	9. Name an	d Address of Curre	nt Registered					10, Name and Address of New Re	· <del>· · · · · · · · · · · · · · · · · · ·</del>			
VOG	AT, JANET				81	Na	me					
	B UMBER WAY	Y			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	IPA FL 33624	•					set Address (P.O. Box Number is Not Acceptable)					
					83	<u>  </u>						
					84		•		FL		Zip Co	
11. Pursuant	to the provisions	s of Sections 607.05	02 and 607.150	08, Florida Statule	s, the abov	re-nan	ned corp	oration submits this statement for the p	urpose of	changi	ng 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 experiment as registered agent. I am fa												
SIGNATURE	SIGNATURE Signature required when reinstating)  DATE											
12.			ND DIRECTORS	3	13.	hr it ergin	a.ore require	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	IN 12
TITLE	PVST			DELETE	1.1 TITLE			3,007,101,0701,111,020,10,011,10	2.107110	Cha		Addition
NAME	VOGT, JANE	<b>:T</b>			1.2 NAME						•	
STREET ADDRESS	4936 UMBE				1.3 STREE		22					
CITY-ST-ZIP	TAMPA FL 3				14 CILY-							
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NAME	VOGT, JANE	<b>:T</b>			22 NAME						•	
STREET ADDRESS	4936 UMBE				2 3 STREE	i addre	ss					
CITY-ST-ZIP					2 4 CITY-ST-ZIP		- 1					
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NAME	•				3.2 NAME							
STREET ADDRESS					3.3 STREE	T ADDRE	ss					
CITY-ST-ZIP					3.4. CITY -	S1-21P						
TITLE				DELETE	4.1 TITLE					Chai	nge	Addition
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREE	t addre	ss					
CITY-ST-ZIP					4.4 C(TY-	ST-ZIP						
TITLE				☐ DELETE	5.1 TITLE					Chai	nge	Addition
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREF	T ADDRE	ss					ľ
CITY-ST-ZIP				DELETE	5.4 CITY-	ST-ZIP						
TITLE				☐ DELETE	6.1 TITLE					L Char	ige	Addition
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREE		S\$					
CITY-ST-ZIP	ny certifu that the	o information supplie	od with this files	a dose not muclify	6.4 CITY-1		n stated	in Section 119.07(3)(i), Florida Statutes	1 f=4 l= -	o o vi i t	th at at	
information I am an of	n indicated on t fficer or director	his annual report or	supplemental a ir the receiver o	innual report is tri or trustee empowe	ue and acc ered to exec	urate :	and that i	my signature shall have the same legal as required by Chapter 607, Florida S	effect as	if made	unde	r path: that