FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

P93000044915 (5)

AR ADVERTISING CORPORATION

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Principal Place o	f Business	Mailing Address] 1 164 166 119 16126 11 1 56 11 66 1	4 08 111 08 111 616 11 8181 1	18181 11881 811 1281
7499 PEMBROKE RD. 7081 TAFT ST. #189 US #0LLYWOOD FL 33023 US HOLLYWOOD FL 33024 US		#189	#189					
		U24			3. Date Incorporated or Qualified 3a. Date of Las 06/24/1993 04/21		st Report 1/1995	
2. Principal Plac	e of Business	2a. Mailing Address 26				4, FEI Number 65-0420317		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7 - 1	5 Additional Required
City & State		Orty & State				6. Election Campaign Financing Trust Fund Contribution	□ \$5.0	00 May Be ed to Fees
23] Zip	Gountry	Zip	Cou	ntry	·····	8. This corporation has liability for in	ntangible tax under	
24	25 g. Name and Address of Current	Pagistered Agent	30			Florida Statutes X Yes 10. Name and Address of New Re		
	g. Name and Address of Current	negistered Agent		81 N	lame	10. Name and Address of New A	agistered Agent	
BUTLER	, ALICE U					ss (P.O. Box Number is Not Acceptable	e)	
7081 TA #189	FT ST.			83				
	VOOD FL 33024				· · - · ·			
HOLLIY	1000 FL 33024			84 (City		FL 85 ²	Zip Code
or registered	the provisions of Sections 607,0502 in diagent, or both, in the State of Florid, and accept the obligations of, Section	a. Such change was authori	ized by the d	ve-nar corpora	ned corporat tion's board	tion submits this statement for the purp of directors. I hereby accept the appo	pose of changing its intment as registere	registered office od agent. I am
SIGNATURE								
	ignature, typed or printed name of registered agent a			Agent sig	nature required v		DATE	-000 IN 10
12.	OFFICERS AND	DELETE	13.	T) £	7	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
11'LF	DPS	_ otten	1.2 N		ai	SPVS ITLER, ALICE U. 081 TAFT ST, #18)	
NAME	BUTLER, ALICE U		1	ANIC IREET ADO	2000	281 TAKT ST. #18	29	
STREET ADDRESS	7081 TAFT ST., #189				Incoo C	OLYWOOD, FL. 33	2074	
CHIV-SI-ZIP TULE	HOLLYWOOD FL V	DELETE	2 1 7	TY-ST-Z	P 1	011,0000, 12: 3	Change	Addition
	WEAVER, STEVEN R	Jan Ditti	2 2 N					
NAME OFFICE A ANDROPE	261 W HEMINOWAY CIR			REET ADI	DECC			
STREET ADDRESS	MARGATE FL			TY-ST-Z	1			
CHY-ST-ZIP TITLE	MANGAILTL	[7] DELETE	3 1 7		' <u>'</u>		☐ Change	Addition
NAME		<u> </u>	32 N					_
STHEFT ADDRESS				TREET AD	DRESS			
CITY-ST-ZIP				TY-ST-Z				
7111.5		☐ DELETE	4 1 7				☐ Change	Addition
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CHY-SI-7P			4.4 CI	ITY - ST - 2	IP			
111LF		☐ DELETE	5 17				☐ Change	Addition
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CITY ST-ZIP			5.4 C	17-ST-Z	iP .			
TI'LE		☐ D£LETE	6 1 7	ITLE			Change	e 🔲 Addition
NAME			6 2 N	AME				
STREET ADORESS			635	TREET AD	DRESS			
CITY-ST-ZIP			6.4 C	TY-ST-2	IP .			

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 oatr; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Defer

19.07(3)(k), Florida Statutes. I further certify that I am a course the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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