

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

PROFIT
CORPORATION
• ANNUAL REPORT
1996



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

DOCUMENT # **P93000047446 (8)**

1. Corporation Name

NEW HORIZONS ADVERTISING, INC.

Principal Place of Business

**19503 TRAILS END TERRACE
JUPITER, FL 33458**

Mailing Address

**19503 TRAILS END TERRACE
JUPITER, FL 33458**

**PREVIOUS PLACE OF BUSINESS & MAILING ADDRESS:
15330 S.W. 84th COURT
MIAMI, FL 33157**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. SAME AS ABOVE		26. SAME AS ABOVE		06/28/1993	1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		65-0421864	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MARC SHAPIRO
19503 TRAILS END TERRACE
JUPITER, FL 33458**

(SEE NOTE AT
TOP RIGHT)

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC SHAPIRO	1.2 NAME	OLD ADDRESS WAS:
STREET ADDRESS	19503 TRAILS END TERRACE	1.3 STREET ADDRESS	15330 S.W. 84th COURT
CITY, ST, ZIP	JUPITER, FL 33458	1.4 CITY, ST, ZIP	MIAMI, FL 33157
TITLE	VICE PRESIDENT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN M. SHAPIRO	2.2 NAME	OLD ADDRESS WAS:
STREET ADDRESS	19503 TRAILS END TERRACE	2.3 STREET ADDRESS	15330 S.W. 84th COURT
CITY, ST, ZIP	JUPITER, FL 33458	2.4 CITY, ST, ZIP	MIAMI, FL 33157
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

**400001747394
-03/18/96--01078--023
***200.00**

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

SIGNATURE:

MARC SHAPIRO

MARC SHAPIRO

15 FEBRUARY 1996

305/662-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SC 3-18-96

CR2E034 (12/95)