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

1996 **DOCUMENT #**

P93000050169 (0)

Corporation MICH	Name HAEL EGDES ADVERTIS		00 (0)		 	
Principal Place 1400 PON FT. LAUDE US	o of Business CE DE LEON DRIVE ERDALE FL 33316	Mailing Addre P.O. BOX FT. LAUD US		550		
					 Date Incorporated or Qualified 07/19/1993 	3a. Date of Last Report 03/17/1995
2. Principal Pla 21	Principal Place of Business 2a. Mailing Address 26				4. FEI Number 65-0423712	Applied For
Suite, Apt. #, etc.		<u></u> ⊢-₁	Suite Apt. #, etc		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State			City & State		6. Election Campaign Financing	Fee Required
7.0		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	30	untry	This corporation has liability for i Florida Statutes Yes	ntangible tax under s 199 032 ☐ No
- ·,	9. Name and Address of Cu	rrent Hegistered Agei	nt 	81 Name	10. Name and Address of New R	egistered Agent
EGDES 1400 F	S, MICHAEL PONCE DE LEON DRIVE				ddress (P.O. Box Number is Not Acceptable)	
	UDERDALE FL 33316			83		
				84 City	-	De Zo Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607 1500 file	(1) (4-11 d			FL 85 Zip Code
or registere familiar with	ed agent, or both, in the State of F h, and accept the obligations of, S	forda Such change wa Perkan 607 0506, Florid	ida Statules, the ab is authorized by the	ove named corp corporation's bo	oration submits this statement for the purp lard of directors. Thereby accept the appo	cose of changing its registered office intrinent as registered agent. Lan.
SIGNATURE	The and two ope the confessions on a	мотоп бал озор, Flaria	a Statutes			Jane Jane Jane Jane
	Signature, typed or printed name of regulared a		(NOTE Registera	l Ager Esignaturi, zaqni	red whererainstating	DA't
12.	OFFICERS	OFFICERS AND DIRECTORS PTS CI DELETE			ADDITIONS/CHANGES TO OFFIC	
NAME		EGDES, MICHAEL		LIFE		Change Addition
Į.	STREET ADDRESS 1400 PONCE DE LEON DRIVE		12 N	AME		
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TITLE				ITY-ST-ZiP		
NAME		[] DE				Change Addition
STREET ADDRESS			221			
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THLE		DE		PTY - ST. ZIP		
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STREET ADDRESS			5351	REET ADDRESS		ĺ
CITY-ST-ZIP			5 4 CI	TY-ST-ZIP		
TIFLE		☐ DH	.ETE 6 171	TLE		Change Addition
NAME			6 2 NA	ME		
STREET ADDRESS			12 6 3 S1	HEFT ADDRESS		
CITY - ST - ZIP	- 42		6.4 Cr	Y-SI-7/P		1

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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed or if the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Distribe France

04:19:96 (954)832-9090