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

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9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mogtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057471 (3)

SKR ADVERTISING AND DESIGN, INC.

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ROACH, SHERYL K 3030 HARTLEY RD

JACKSONVILLE FL 32257

SUITE 350

Principal Place of Business Mailing Address 3030 HARTLEY RD 3030 HARTLEY RD SUITE 350 SUITE 350 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 21 59-3199658 26 Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing

FILED Feb 17 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

Personal Property Tax due June 30.

2/12/98

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes Yes

Not Applicable

			84	City	FL	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 vital, and accept the abligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature: mode or provided region of project rest against and the diagraph and the Magnitude (NOTE Registered Agent signature required when reinstating) DATE							J
12.	OFFICERS AND DIRECTO	. 	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12
TITLE	Р	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ROACH, SHERYL K		1.2 NAME				
STREET ADDRESS	2127 WHITE WING DOVE PL		1.3 STREET	address			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				į
STREET ADDRESS			2.3 STREET	address			İ
CITY-ST-ZIP			2. 4 CITY - 9	T - ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CITY - 9	ST - Z IP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE	·		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T - ZIP			
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 for only attachment with an address.							

Country

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Name

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