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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90227 018 \*\*\*150.00

DOCUMENT #	P9300005	7661

1. Corporation Name

Principal Place of Business

ADVERTISING ENTERPRISES, INC.

6910 CONATY I SUITE-660 TAMPA FL 3363 US		<del>6910 CONATY ROA</del> D <del>SUITE 660</del> TAMPA-FL 33634 US		3. Date Incorporated or Qualife	RITE IN THIS SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26 P.O. BOX 1520	66	59-3196135		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1	5 Additional Required
City & State	9	City & State		6. Election Campaign Financin	g _ \$5.0	May Be
23		28 TAMPA, FL		Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	8. This corporation owes the co		
24	25	29 33684-5266 30	USA	Personal Property Tax.	Yes_	□No
	9. Name and Address of Current	Registered Agent	041 41	10. Name and Address of Nev	v Registered Agent	
CILE	BERT, JONATHAN S.		81 Nar	me		
	E. KENNEDY BLVD		<b>82</b> Stre	eet Address (P.O. Box Number is Not Acce	ptable)	
	E 3700		83			
	PA FL 33602		83			
, 100	7712 30002		<b>84</b> City	у	FL 85 Zi	ip Code
		1007.4500.51.11.01.44.	45 5	ned corporation submits this statement for t		ite registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth ions of, Section 607.0505, Florida	a Statutes.	orporation's board of directors, I hereby acc	cept the appointment as	registered
	Signature, typed or printed name of registered agent			ture required when reinstating)  ADDITIONS/CHANGES TO C	DATE	TOPS IN 12
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO	Chang	
TITLE	CD Bateman, Rick J.	□ pere≀e	1.1 IIILE 1.2 NAME			
NAME	2410 SUNSET DR.		1.3 STREET ADDRE	F00		
STREET ADDRESS	TAMPA FL 33629		i	E33		
CITY-ST-ZIP	STD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Chang	e Addition
	BATEMAN, LESLEY S	C) occur	2.2 NAME		_ •	_
NAME STREET ADDRESS	2410 SUNSET DR.		2.3 STREET ADDRI	ESS		
	TAMPA FL 33629		2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE		Chang	ge Addition
NAME	MANTER, GILBERT R.		3.2 NAME			
STREET ADDRESS	13334 MORAN DRIVE		3.3 STREET ADDRI	ESS		
CITY-ST-ZIP	TAMPA FL 33618		3.4. CITY-ST-ZIP			
TITLE	7,007,712,00010	☐ DELETE	4.1 TITLE		☐ Chang	ge 🗌 Addition
NAME			4. 2 NAME			!
STREET ADDRESS			4.3 STREET ADDR	ESS		l l
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Chang	ge 🔲 Addition
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRI	ESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Chang	ge
NAME			6.2 NAME			

14. I hereby 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 supplied ental 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 of 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 of an attachment with an against suith all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ONING OFFICER OR DIRECTOR

813-880-0317