05-27-1999 90009 009 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000075227

1. Corporation Name

FIVE-STAR ADVERTISING, INC.

Principal Place of Business			Mailing Address									
2655 LEJEUNE RD			2655 LEJEUNE RD				}					
PENTHOUSE 1-A			PENTHOUSE A-1					DO NOT WRITE IN THIS SPACE				
CORAL GABLES FL 33134			CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE				
US							1		Date Incorporated or Qualifed			
									11/01/1993		<del></del>	
	ace of Business	$\vdash$	Mailing Address						FEI Number			Applied For
21			26						65-0453084			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				}	5.	Certifcate of Status Desired			Additional Required
22			City & State									
City & State			City & State						Election Campaign Financing			May Be to Fees
23			Zip Country						Trust Fund Contribution			110 Fees
Zip	Country	$\vdash$	<b>⊢</b> <sup>-</sup> ¹				<u> </u>	_	This corporation owes the curr	ent year inta	angibie □Yes	□No
24 25 29									Personal Property Tax.  Name and Address of New F	Pagistarad :		
	9. Name and Address of Curre	nt Regist	tered Agent		81	Name		10.	Italie and Address of Item I	togiator ou z	-igent	
BAUER, PAUL A					- Nathe							
2655 LEJEUNE RD			82 Street A			t Address	s (P.	O. Box Number is Not Accepta	able)			
GABLES INTERNATIONAL PLAZA PENTI			OUSE 1.C									
1			HOUSE 1-C									
CORAL GABLES FL 33134						City		_			85 Zip	Code
						,				<u> </u>		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 60	07.1508, Florida Statut	es, the a	above	e-named	d corpora	ation	submits this statement for the	purpose of at the annoir	changing i	ts registered   registered
agent. I ar	m familiar with, and accept the oblig-	ations of,	Section 607.0505, Flo	rida Stat	tutes.		por ation :	3 000	and on directors, riveredy descep	or the appear		<b>g</b>
SIGNATURE												
SIGNATORE	Signature, typed or printed name of registered ag-					t signature	required w			DATE		
12.	OFFICERS A	ND DIRE		13.				A	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D		☐ DELETE	1.1 T	ITLE						Change	, Maginou
NAME	BAUER, PAUL A			12N	12 NAME							
STREET ADDRESS	600 BILTMORE WAY #1206		1.3 ST			S						
CITY-ST-ZIP	CORAL GABLES FL				1.4 CITY-ST-ZIP		<b>_</b>					
TITLE			☐ DELETE	2.1 T	ITLE						☐ Change	Addition
NAME				2.2 N	AME							}
STREET ADDRESS				2.3 \$	TREET	ADDRESS	3					
CITY-ST-ZIP				2.40	Cπy-s	T-ZIP						
TITLE			☐ DELETE	3.1 T	ITLE						Change	Addition Addition
NAME				3.2 N	IAME							
STREET ADDRESS				3.3 S	TREET	ADDRESS	5					
CITY-ST-ZIP				34.0	CITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 T							Change	≥ ☐ Addition
NAME				4, 21	VAME.		1					
STREET ADDRESS				4.3 S	TREET	ADDRESS	s					
CITY-ST-ZIP				440	ITY-S1	T- 7IP						1
TITLE			☐ DELETE	5.1 T			1				☐ Change	e Addition
NAME			•		IAME							
STREET ADDRESS				5.3 \$	TREET	ADDRESS	3					
1					ITY-S1							j
CITY-ST-ZIP TITLE			☐ DELETE	6.1 T							☐ Change	e Addition
					IAME							_
NAME				- 6		ADDRESS	s					
STREET ADDRESS							1					
CITY-ST-ZIP				6.4℃	MY-87	1 - ZIP	1					ì

CITY-ST-ZIP 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 supplemental annual perior 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 recorder 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 attraction of the corporation of the

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR