

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000076838 (0)
 1. Corporation Name
ADVERTISER'S PRODUCTION BUREAU OF FLORIDA, INC.



Principal Place of Business 1550 APPAMATTOX TERRACE PORT ST. LUCIE FL 34952	Mailing Address 1550 APPAMATTOX TERRACE PORT ST. LUCIE FL 34952-7173
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3. Date Incorporated or Qualified 11/05/1993	3a. Date of Last Report 01/22/1996
4. FEI Number 65-0446472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2458 SE Hillard Rd Suite, Apt. #, etc. 22 245 City & State 23 PORT ST Lucie, FL Zip 24 34952 Country 25 USA	2a. Mailing Address 26 2458 SE Hillard Rd Suite, Apt. #, etc. 27 City & State 28 PORT St Lucie, FL Zip 29 34952 Country 30 USA
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9. Name and Address of Current Registered Agent LEONARD, NORMAN V 1550 APPAMATTOX TERRACE PORT ST. LUCIE FL 34952	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2458 SE Hillard Rd 83 PORT St. Lucie, FL 34952 84 City FL 85 Zip Code
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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. *Address change only*

SIGNATURE *Norman V. Leonard President* **3/25/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONARD, NORMAN V		12 NAME	
STREET ADDRESS 1550 APPAMATTOX TERRACE		13 STREET ADDRESS 2458 SE Hillard Rd	
CITY-ST-ZIP PORT ST. LUCIE FL		14 CITY-ST-ZIP PORT St Lucie, FL 34952	
TITLE DS	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONARD, DOROTHY M.		22 NAME	
STREET ADDRESS 1550 APPAMATTOX TERRACE		23 STREET ADDRESS 2458 SE Hillard Rd	
CITY-ST-ZIP PORT ST. LUCIE FL		24 CITY-ST-ZIP PORT St. Lucie, FL 34952	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 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: *Norman V. Leonard President* **3/25/97** **561-335-5168**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/96)