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

**PROFIT** CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-SI-7IP

CAY-ST-ZIP

THE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # **P94000033565 (0)**

ARGOSY PUBLIC RELATIONS, INC.

Principal Place of Business Mailing Address 214 BRAZILIAN AVE 214 BRAZILIAN AVE PALM BEACH FL 33480 PALM BEACH FL 33480-4821 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1996 05/04/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0489743 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zιρ Country Zιp This corporation has tiability for intangible tax under s. 199.032, Yes 🗌 No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SIMS. H. BRYANT 7301 S DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 83 City 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hypical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PVD DELETE 1.1 TITLE Change Addition THE UNDERWOOD, ANTONY CR2E034 1.2 NAME NAME 214 BRAZILIAN AVE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 1.4 CITY - ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE SALISBURY, FRANCES 2.2 NAME NAME 214 BRAZILIAN AVE 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 2 4 CITY-ST-ZIP DITY-\$1-ZIP DELETE Change Addition TITLE 3.1 TATLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CI7Y-S1-ZIP DELETE Change Addition 4.1 TITLE 1000 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-\$1-2IP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

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

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

**FILED** 

May 08 1997 8:00am

Secretary of State