

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070743 (7)

1. Corporation Name

AAF ADVERTISING & MARKETING, INC.



Principal Place of Business

3109 S.E. 17TH AVENUE
CAPE CORAL FL 33904

Mailing Address

3109 S.E. 17TH AVENUE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 2030 WEST FIRST STREET

26 P.O. BOX 2949

4. FEI Number
65-0527289

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A

27

23 Fort MYERS FLORIDA

28 Fort MYERS FL.

24 33901

25 USA

29 33902

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILHELM, LARRY
3109 S.E. 17TH AVENUE
CAPE CORAL FL 33904

81 Name

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

2030 West FIRST STREET

83 SUITE A

84 City Fort Myers

FL

85 Zip Code 33901

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, typed or printed name of registered agent and to which applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE P
2. NAME WILHELM, DEBRA
3. STREET ADDRESS 3109 S.E. 17TH AVE.
4. CITY-ST-ZIP CAPE CORAL FL 33904

☐ DELETE

1. TITLE VP
2. NAME WILHELM, LARRY
3. STREET ADDRESS 3109 S.E. 17TH AVE.
4. CITY-ST-ZIP CAPE CORAL FL 33904

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

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4. CITY-ST-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 2030 West First Street Suite A.
1.3 STREET ADDRESS Fort Myers FL 33901

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME 2030 West First Street, Suite A
2.3 STREET ADDRESS Fort Myers FL 33901

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Debra J. Wilhelm.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 941-332-2269

DATE

Telephone #

CR2E034 (12/95)