

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAY -1 14 8: 23

**DOCUMENT # P94000076827 (2)**

1. Corporation Name  
**FLIPPERS ADVERTISING, INC.**

Principal Place of Business Mailing Address  
**955 SANDLAKE ROAD ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1994** 3a. Date of Last Report

4. FEI Number **59-3280239** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**923 Sandlake Rd** **923 Sandlake Rd**

Suite, Apt #, etc. Suite, Apt #, etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 29. City & State 30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under § 199.039, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, IRA**  
**2611 NORTH HIATUS ROAD**  
**SUITE 160**  
**COOPER CITY FL 33026**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 **Todd Dennis**  
(Signature typed or printed name of registered agent and the corporation)

NOTE: Registered Agent signature required when reappointing.

**9/25/95**  
(Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>Scott Kousaric</b>
STREET ADDRESS	<b>923 SANDLAKE RD</b>
CITY ST ZIP	<b>ORLANDO, FL.</b>
TITLE	<b>V.P.</b>
NAME	<b>TODD DENNIS</b>
STREET ADDRESS	<b>923 SANDLAKE RD</b>
CITY ST ZIP	<b>ORLANDO, FL.</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: **Todd Dennis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/25/95**  
(Date)

**#057-6935**  
(System Trace #)