

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000086323 (0)

1. Corporation Name
AD SPECIALTIES, INC.



Principal Place of Business Mailing Address
~~600 SOUTH BARRACKS, NUMBER 202~~ ~~600 SOUTH BARRACKS, NUMBER 202~~
PENSACOLA FL 32501 PENSACOLA FL 32501-6000

Address Change

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	804 S. PALAFOX ST	26	804 S. PALAFOX ST	11/23/1994	03/19/1996
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	PENSACOLA, FL	28	PENSACOLA, FL	59-3280602	Not Applicable
24	32501	29	32501	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	US	30	US	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23		28		6. Election Campaign Financing Trust Fund Contribution	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
26		31		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRETT, ANN J 600 SOUTH BARRACKS, NUMBER 202 PENSACOLA FL 32501				81 Name			
Address Change Only				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 804 S. PALAFOX ST.			
				84 City			
				PENSACOLA FL 85 Zip Code			
				32501			

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 Ann Brett ANN BRETT SECRETRES 4/26/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RUSSENBARGER, VALERIE J		1.2 NAME				
STREET ADDRESS	10 PORT ROYAL WAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRETT, ANN J		2.2 NAME				
STREET ADDRESS	10 PORT ROYAL WAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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)(j), 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: Ann Brett ANN BRETT 4/26/97

CR2E034 (9/96)