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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091801 (8)

LONG FORM ADVERTISING CORPORATION

Principal Place of Business

Mailing Address

## FILED Feb 05 1998 8:00am Secretary of State



133-44 GOLF CREST CIRCLE 133-44 GOLF CREST CIRCLE TAMPA FL 33624 TAMPA FL 33624			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified
				12/19/1994	
2. Principa	Place of Business ROCKY POINT DR. WEST	2a. Mailing Address 26 3030 N. ROLKY POINT DR. Wes			4. FEI Number Applied For
21 3030 /	26 3030 N. Kock. Suite, Apt. #, etc.	4 FOIN	7 01		
Kuito Apt. #, etc. 22 2 80		27 Suite 280			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State  23 / Amps FC  Zip Country		City & State	B TAMPA FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 33607 25 U.S. A.			Zip Country 29 33607 30 U.S.A.		This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.
					10. Name and Address of New Registered Agent
JOSEPH P. BURNS 81 Name					
	344 GOLF CREST CIR	82 Street Addre		Street	Address (P.O. Box Number is Not Acceptable)
TAN	MPA FL 33624		83		· · · · · · · · · · · · · · · · · · ·
			83		
			84	,	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 familia) with and accept the obligations of Section 607.0505, Florida Statutes.					
agent. I am amilia) with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	undet LTA.	B-1		e required when reinstating) DATE
12.	OFFICERS AND		13.	ini signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD-Pres	DELETE	1.1 TITLE		Change Addition
NAME	BURNS, JOSEPH P		1.2 NAME		
STREET ADDRESS	13344 GOLF CREST CIRCLE		1.3 STREET	ADDRESS	
CITY - ST - ZIP	TAMPA FL 33624		1,4 CITY-5	T-ZIP	
TITLE	<b>∀</b> ∱ →	☐ DELETE	2 1 TITLE		₩ Change
NAME	1030 Rocky Paint Dr.		2.2 NAME		WRIST! DAVISSONS
STREET ADDRESS	3030 Rocky Paint Or.		2.3 STREET	ADDRESS	JOST RECKY PT Dr. West # 280 TAMPA FL. 33607
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	TAMPA 72. 33681
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition (
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP		C DELETE	3.4. CITY-	ST-ZIP	C Observe Addition
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP		DELETE	4.4 CITY - S	1-ZIP	Change Addition
TITLE		T DETELE	5.1 TITLE		Citalige 1 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	I-ZIP	Change Addition
			4		Creatigo Accident
NAME			6.2 NAME 6.3 STREET	ADDDCCC	
STREET ADDRESS					
CITY - ST - ZIP			6.4 CITY - S	ı - ZiP	1

4. I hereby certify that the information supplied with this filling 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 chapted of 00 an attachment with an address.

CICMATUDE.

LINEBIRE PROUBTED

1/28/98

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