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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9400091801

1. Corporation Name

LONG FORM ADVERTISING CORPORATION

Principal Place	e of Business	Mailing Address			_		<b>0((00)</b> (1 <b>0 10</b> 111 <b>010</b> 11 <b>0</b> 011	AELII AAIII BAIIA		
3030 N ROCKY POINT DR WEST		3030 N ROCKY PO	3030 N ROCKY POINT DR WEST				•			•
SUITE 280		SUITE 280	SUITE 280				DO NOT WRITE IN THIS SPACE			
TAMPA FL 3360 US	07	TAMPA FL 33607 US				3. Date Inc	corporated or Qualife			
US		00				12/19/	•			
2. Principal Pi	lace of Business	2a. Mailing Addre	ess —			4. FEI Nun		•	Ap	plied For
21	202 0 2 223,1000	26				59-329	95627		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				te of Status Desired		\$8.75 A	
22	N.	27				5. Certificat	Le of Status Desired		Fee Re	quired
City & State	θ,	_ City & State	*			6. Election	Campaign Financing	э. <u>г</u> л	\$5.00	-
23		28					and Contribution		Added t	o Fees
Zip	Country	Zip		ountry		- 4	poration owes the cu	irrent year Int		□No
24	25	29	30				al Property Tax.	Pasistared	Yes	LINO
<b></b>	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name a	ing Address of New	Registereu	Agent	
insi	EPH P. BURNS			"	Name					
1	44 GOLF CREST CIR			82	Street A	ddress (P.O. Box	Number is Not Accep	otable)		Į.
	PA FL 33624			83						
. '7''	I A I E COOLT		·	65						
				84	City			FI	85 Zip (	Code
44 Dimensions	to the provisions of Sections 607.0	502 and 607 1508. Elorid	la Statutos the	above	-named o	corporation submits	s this statement for th	ne purpose of	changing its	registered
office or r	paintered agent or both in the Sta	te of Florida, Such chann	ia was authonz	ed by t	me como	ration's board of di	rectors. I hereby acc	ept the appoi	ntment as re	gistered
agent.la	m familiar with, and accept the obli	gations of, Section 607.0	505, Fiorida St	atutes.			_			{
SIGNATURE	Signature, typed or printed name of registered	event and title if applicable	(NOTE: Registe	red Agent	signature re	quired when reinstating)		DATE		
12.	OFFICERS.									
<del></del>		AND DIRECTORS	1.	3.		ADDITIO	NS/CHANGES TO C	OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	PD	AND DIRECTORS		TITLE		ADDITIO	NS/CHANGES TO C	FFICERS AN	Change	RS IN 12Addition
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	BURNS, JOSEPH P	□ DE	1.1 1.2	TITLE NAME	ADDRESS	ADDITIO	NS/CHANGES TO C	FFICERS AN		
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14. I 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 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 often attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90023 021 \*\*\*150.00