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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P04000000140 (4)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCU 1. Corporation	MENT on Name	# P9400	00092143	(4)			1			
THE	ALLEN A	Overtising Grou	JP, INC.	•				lakis Baist Adıkı	88118 181 <u>18</u> (481	# : 41 M : 1 M : 1 M : 4 15 h : 1 M : 1
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			Mailing Address				1 19811881 118 (Bill B181) S	Bill Bills Bills	44110 10410 1481	91: 71.611. 91862 HVI 100
SUITE 201	eridan St. 1 Dod FL 33021		4350 Sheridan St. Suite 201 Hollywood Fl 33021				3. Date Incorporated or Quali	s. J (a.		
2 Principal P	Place of Busines						12/19/1994	fied 3a.	Date of Last 04/28 /	
21 31211	W HAN		2a. Mailing Address	lerdal B	.ch.B)	۱۰۰۶۰	4. FEI Number 65-0544046			Applied For Not Applicable
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.	m) commercial .		4	5. Certificate of Status Desire	o D	\$8.7	75 Additional
City & State	e 2.1	(C) 14	City & State	١ 🚗			Election Campaign Financin	ng _		.00 May Be
Zip	NACOL	Country	28 Halland	Country FL	ırv		Trust Fund Contribution		Add	ded to Fees
24 330C		25 Browcy2	29 33009		YWA Y	رح_		Yes No	3	s 199.032,
			nagistered Agent	81	1 Name	,	10. Name and Address of No	w Register	ed Agent	
	TUBBS, ALLEN 4350 SHERIDAN ST. SUITE 201					Address	s (P.O. Box Number is Not Acce	entable)		
						is u	2 Hallandola		BINS.	
HOLLY	83	74	110)						
44 Duraugat t	- 4th - provining	10 1 007 0500		84	1 'L	16/1	landaly.	F		Zip Code
Or register familiar wit	to the provision red agent, or bo	is of Sections 607,0502 a oth, in the State of Florida	nd 607.1508, Florida Statu I. Such change was author	utes, the above- rized by the con	named co	orporation	on submits this statement for the of directors. I hereby accept the			registered office
SIGNATURE.	т, апо ассерс	the obligations of, Section	a. Such change was authori n 607.0505, Florida Statute	es			or diseases a riorday decept trip.	арриннен	as registere	33 agent. i am
	Signature, typed or p	printed name of registered agent are		NOTE: Registered Age	ent signature r	required wh	nen remstating)	DATE		
TIFLE	D	OFFICERS AND I	DELETE DELETE	13.		7	ADDITIONS/CHANGES TO	OFFICERS A		
NAME	TUBBS,	ALLEN	_	1. 1 TITLE 1.2 NAME					Change	Addition
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NAMÉ			(_) beet 12		1				☐ Change	Addition
STREET ADDRESS					4DE-0500					
CHTY-ST-ZIP										İ
14. I do hereby	certify that the	information supplied with	this filing is voluntarily furr			ify for th	a avamatica stated in Continue	40.07/0/// 5		
oath; that i a	am an officer o	X director of the comparation	DELETE DELETE DELETE this filing is voluntarily furn report or supplemental ann on or the receiver or truster an attachment with an address an attachment with an address an attachment with an address and attachment with a supplemental and attachment with an address and attachment with a supplemental and attachment with a supplement with a supplemental and a supplemen	4.3 STREET 4.4 CHY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CHY-S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CHY-S Inished and does oual report is true	ADDRESS ST-ZIP ADDRESS ST-ZIP S not quali	lify for the curate ar a this rep	ie exemption stated in Section 1 nd that my signature shall have t nort as required by Chapter 607,	19.07(3)(k), F he same leg: Florida Stati	☐ Change	Add

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