


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

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90050 028 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000092143

1. Corporation Name  
THE ALLEN ADVERTISING GROUP, INC.

Principal Place of Business 901 S STATE RD 7 SUITE 230 HOLLYWOOD FL 33023 US	Mailing Address 901 S STATE RD 7 SUITE 230 HOLLYWOOD FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9414 NW 8th Circle Suite, Apt. #, etc. 22 City & State 23 Plantation FL Zip 24 33324 25 USA	2a. Mailing Address 26 PO Box 19436 Suite, Apt. #, etc. 27 City & State 28 Plantation, FL Zip 29 33318 30 USA
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3. Date Incorporated or Qualified 12/19/1994	4. FEI Number 65-0544046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent TUBBS, ALLEN 901 S STATE RD 7 SUITE 230 HOLLYWOOD FL 33023
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10. Name and Address of New Registered Agent 81 Name Allen Tubbs 82 Street Address (P.O. Box Number is Not Acceptable) 9414 NW 8th Circle 83 84 City Plantation FL 85 Zip Code 33324
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUBBS, ALLEN	1.2 NAME	
STREET ADDRESS	901 S STATE RD 7	1.3 STREET ADDRESS	9414 NW 8th Circle
CITY-ST-ZIP	HOLLYWOOD FL 33022	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: E. UGONIA WISE REQUIRED 4/5/99 954 382-0747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #