## 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 # P9500004786

1. Corporation Name

COURTNEY & WATSON ADVERTISING, INC.

**FILED** 

Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90007 045 \*\*\*550.00

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Principal Place	e ot prisidess	Mailing Address				
LINCOLN F	30.	605 LINCOLN RD.				
,		# 410 MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE		
US US US				3. Date Incorporated or Qualifed		
00		00		01/17/1995		
2. Principal P	lace of Business	2a. Mailing Address	. 0	4. FEI Number	App	lied For
21	Lincoln Road	26 1111 Linco	oln Koad	65-0543690	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.	THE NOOL	<u></u>	\$8.75 A	dditional
22 4th		27 4th Flo	DOY	5. Certificate of Status Desired	Fee Rec	uired
City & State	mi Beach FL	28 Miami Bea	ach	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip 24 33)	39 25 Dade	Zip FL 33137 <sub>30</sub>	DADE	This corporation owes the current year     Personal Property Tax.		d <sub>No</sub>
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9. Name and Address of Current			10. Name and Address of New Registe	red Agent	
	I THE WIND PRODUCT OF CONTON		81 Name			
COL	JRTNEY, CLIFF		20 0: ::	(D.O. Davidharder in Net Assessing 14.3)		
2501	1-90UTH OCEAN DR 6301 ( LYWOOD FL 33019 Miami	allins Avenue	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
H <del>OL</del>	HYWOOD FL 33019 Miami	Beach FL 33141	83			
.,02		•				
			84 City	•	FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508. Florida Statutes, th	ne above-named corpo	oration submits this statement for the purpo n's board of directors. I hereby accept the a	se of changing its r	egistered
SIGNATURE	m familiar with, and accept the obligati		stered Agent signature required			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE 1	1.1 TITLE		☐ Change	Addition
NAME	COURTNEY, CLIFF	1	1.2 NAME			
STREET ADDRESS	6301 COLLINS AVE	1	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL 33141	. 1	1.4 CITY-ST-ZIP			
TITLE	,	☐ DELETE 2	2.1 TITLE		Change	☐ Addition
NAME		2	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY_ST_ZIP			2:4 CITY-ST-ZIP		-	-
TITLE			3.1 TITLE		☐ Change	☐ Addition
NAME		3	3.2 NAME	•		
STREET ADDRESS	]	1:	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	·		
TITLE	,		4.1 TITLE		Change	Addition
NAME	, · . · · ·	· .	4. 2 NAME			
ì			4.3 STREET ADDRESS			
STREET ADDRESS		1				
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE		Change	☐ Addition
		_	5.2 NAME			_
NAME .	*		1			
STREET ADDRESS		_ <del>[</del>	5.3 STREET ADDRESS			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



DELETE



☐ Change

☐ Addition