## 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** 

1. Corporation	IN ADVERTISING PRODUC								
Principal Place	e of Business	N	Mailing Address				T COMERNIA ESTA INVESTIGATA NOVIL MACIA ONLA	: 18618 il <b>1</b> 1	# 118(B BI)) 1881
646 NORTH DIXIE HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020							DO NOT WRITE IN THIS SP	PACE	
							Date Incorporated or Qualifed 01/26/1995		
2. Principal P	lace of Business	28	a. Mailing Address				4. FEI Number	A	pplied For
21	·	26					65-0584712		lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27					<u> </u>		Required
City & State	e ·	ļ	City & State				6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	$\vdash$	Zip 1 <del>[</del>	⊂Cou ⊐	ntry	1	8. This corporation owes the current year Intang		□No
24	. 25	29	30	)			1 diddinai i toporty Taxi	Yes	LINO
-1.	9. Name and Address of Currer	nt Regi	stered Agent		81	Name	10. Name and Address of New Registered Ag	¢114	
KVM	E, THOMAS A		•		"	Hame			
646 NORTH DIXIE HIGHWAY					82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
NOLLY BURGOD EL COCCO					-				
HOLLI WOOD FL 33020					83				
					84	City	FL	<b>85</b> Zip	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are supported to the control of t	of Flor	rida. Such change was auth of, Section 607.0505, Florid	norized a Stati	l by utes	the corporation.	poration submits this statement for the purpose of ch ion's board of directors. I hereby accept the appointn	anging it nent as r	s registered egistered
	Signature, typed or printed name of registered age			<u> </u>	Agen	nt signature require	ed when reinstating) DATE	DIDECT	OBC DI 42
12.	OFFICERS AN	אט טוא	DELETE	13.	n r		ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	P			1.1 TT					
NAME	KANE, THOMAS A			1.2 N/					
STREET ADDRESS	646 NORTH DIXIE HIGHWAY					TADDRESS			-
CITY-ST-ZIP	HOLLYWOOD FL 33020					T-ZIP		Change	Addition
TITLE	VP		DELETE	2.1 TT			L		. C Addition
NAME	CATAL, JOSEPH			2.2 NA					{
STREET ADDRESS	646 NORTH DIXIE HIGHWAY					T ADDRESS			ì
CITY-ST-ZIP	HOLLYWOOD FL 33020		+ Therese		$\overline{}$	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE			□ DELETE	3.1 Ti					
NAME	1			3.2 N					ļ
STREET ADDRESS	1					TADDRESS			
CITY-ST-ZIP			<u> </u>	3.4. C		ST-ZIP		7 Ch	
TITLE			☐ DELETE	4.1 TT			L	Change	Addition
NAME				4. 2 N	AME				
STREET ADDRESS				4.3 S1	REE	TADORESS			
CITY-ST-ZIP				4.4 CI	TY-S	T- ZIP			
TITLE			☐ DELETE	5.1 TT	TLE		[	Change	Addition
NAME	`*			5.2 N	WE.				
STREET ADDRESS				5.3 ST	REET	TADDRESS			
CITY-ST-ZIP						T-ZIP			]
TITLE		-	☐ DELETE	6.1 TI	ΠE			Change	☐ Addition

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 comporation or the receiver or instee 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90051 041 \*\*\*150.00