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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500008117 (0)

1 h	SENCH ADS	MEDIA, INC.	(0)							
Principal Place of Business Mailing Address							-{	HILL Bri hl br i		
11900 BISCAYNE BLVD. 11900 BISCAYNE BLVD. SUITE 506 SUITE 506										
NORTH MIAMI FL 33181			NORTH MIAMI FL 33181			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 01/31/1995			
	rincipal Place of	Business	2a. Mailing Address	ailing Address			4. FEI Number		Ar	oplied For
21			26				65-0643111			ot Applicable
22	uite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired			Additional equired	
	ity & State		City & State	h			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees			
23	in	Country	Zip Country				Trust Fund Contribution			
24	·`		├ ──¬ `	30	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24)	25 9. Name and Address of Curren		_ \ 					sonal Property Tax due June 30. Yes me and Address of New Registered Agent		
STEINBERG, PAUL B					B1 1	Name				
		UR GODFREY ROAD ACH FL 33140		1	82 5	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
WINNIN BENOTT E 00140				1	83					
ĥ					84 (City		FL	85 Zip	Code
11.	Pursuant to the p	rovisions of Sections 607.05	02 and 607.1508, Florida State	ites, the abo	ove-n	amed corpo	oration submits this statement for the on's board of directors. I hereby acce		of changing i	ts registered
;	agent. I am famil	iar with, and accept the obliq	yations of, Section 607.0505, F	lorida Statu	tes.	не согрогатк	on's board of directors. Thereby acce	the ab	pointment as	registeren
SIGN	NATURE									
<u> </u>	Signature	typed or printed name of registered ag	ent and utic if applicable (NC ND DIRECTORS		Agent s	signature require	d when reinstating)	DATE	O DIDEOTOI	20 111 40
12.	P	OFFICENS AN	DELETE	13. 1.1 TUL	E		ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition
NAME		EL, ERIC J	ביים שבוביונ	1.2 NAM		1			C outdiffe	riadilion
		HOLIDAY DRIVE		1.3 STR		INRECS				
CITY-S		LANDALE FL 33009		1.4 CITS		- 1				
TITLE	31-211	D 11 (0) (CC 1 C 00 00 0	DELETE	2 1 TOL					Change	Addition
NAME			_	2 2 NAM						
STREET	T ADDRESS			2.3 STR		DRESS				
CITY-	ST-ZIP			2. 4 CIT						
TITLE			DELETE	3.1 TITL					Change	Addition
NAME				3.2 NAN	AE.					
STREET	T ADDRESS			3.3 STR	EET ADI	ORESS				
CITY-S	ST-ZIP			3.4. CIT	Y-ST-Z	ZIP				
TITLE			DELETE	4.1 TITL	E				Change	Addition
NAME				4. 2 NA	ME					
STREET	T ADDRESS			4.3 STR	EET AD	DRESS				
CITY-	ST-ZIP			4.4 City	/-ST-Z	ZIP				
TITLE			DELETE	5.1 TITL	£			~	Change	Addition
NAME				5.2 NAN	AE.					
STREET	T ADDRESS			5 3 STR	EET ADI	DRESS				
CITY-S	ST-ZIP			5.4 CITY	/-\$T-Z	ΔIP				
TITLE			☐ DEL et e	6.1 TITL	E				☐ Change	Addition
NAME	1			6.2 NAM	4E					
STREET	T ADDRESS			6.3 STR	EET ADI	DRESS				
CITY-9	ST-ZIP			6.4 CITY	/-ST-7	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.

ed, or on an attachment way an address.

1/2/1/99-820

FILED

May 04 1998 8:00am

Secretary of State