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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500008475 (2)

ADVERTISING DIRECTORS, INC.

**MIAMI FL 33145** 

ROSEN, PAUL L

**MIAMI FL 33145** 

1395 CORAL WAY

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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TITLE

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Principal Plac	ce of Business	Mailing Address	ling Address		I (BORFOOK 210 1010) OSOH OSOH CON OBERN DOKE OSOH NOSH OSOH DENN DENN DENN DENN DENN DENN DENN DEN		
1395 CORAL WAY MIAMI FL 33145		1395 CORAL WAY MIAMI FL 33145-2946					
					3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report 03/15/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0561118 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Сон	untry	B. This corporation has liability for in	ntangible tax under s. 199.032.	
24	25 29 30		30		Florida Statutes		
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New Reg	Istered Agent	
SCHLEIFER, NANCY				81 Name	Name		
1395 CORAL WAY MIAMI FL 33145				82 Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33143						
				83			
				84 City		FL 85 Zip Code	
11. Pursuant office or a agent. I a	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the c	7.0502 and 607.1508, Florida S State of Florida. Such change v obligations of, Section 607.050	tatutes, the a was authorize 5, Florida Sta	bove-named co d by the corpor tutes.	rporation submits this statement for the pu ation's board of directors. I heroby accept	rpose of changing its registered t the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registers		(NOTE: Registers	d Agent signature red	julied when reinstating)	DATE	
TITLE					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SCHLEIFER, MARTIN				Change Addition		
1	4000 00041 34434		1,⊉ N				
STREET ADDRESS	SHAME FL ADARE			TREET ADDRESS	ib		
CITY-ST-ZIP				ITY-ST-ZIP			
	SCHLEIFER, NANCY					Change Addition	
NAME			2. <b>?</b> N	AME			
STREET ADDRESS	1395 CORAL WAY		2.8.5	TREET ADDRESS			

2.8 STREET ADDRESS

3 \$ STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY - \$1 - ZIP

3 4. CHY-ST-ZIP

2.4 CITY-ST-ZIP

3 THUE

4.1 TITLE

4.2 NAME

5.1 TALE

5.2 NAME

6.1 TITLE

6.2 NAME

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DELETE

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Ffurther 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

205.058.74AA

☐ Change

Change

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Addition

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Addition

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State