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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

0156412

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000015701 (2)

CITY ADVERTISING & PUBLIC RELATIONS GROUP, INC.

Principal Place of Business Mailing Address 210 N. UNIVERSITY DR. 210 N. UNIVERSITY DR. SUITE 502 SUITE 502 **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071-7392 3. Date Incorporated or Qualified 3a. Date of Last Report 02/24/1995 04/11/1996 2, Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 65-0558391 21 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution  $Z_{10}$ Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALOMONE, JEANNE 210 N. UNIVERSITY DR. 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 502 83 **CORAL SPRINGS FL 33071** City Zip Code 11. Pursuant to the previsions 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. 5-grature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinslating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) 12. ☐ Change ☐ Addition DELETE TITLE 11 TITLE SALOMONE, JEANNE 1.2 NAME CR2E034 210 N. UNIVERSITY DR. #502 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** CITY -ST 1.4 CITY-SY-ZIP DELETE Change Addition 2.1 THILE 100 E 22 NAME MAMA STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-57-7IP DELETE Change Addition THEE 3.1 TITLE NAM? 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY\_S1-7iP 3.4. CITY-ST-ZIP Change DELETE Addition 7811.6 41 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS Off Y - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition ☐ Change 5.1 TITLE TITLE NAMe 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTM - ST - ZIF DELETE Change Addition 61 TITLE TifuE NAM: 62 NAME

6.3 STREET ADDRESS

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. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.