## 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 #          | P95000016934 |
|---------------------|--------------|
| 4. Corporation Name |              |

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

|   | KS ADVERTISING, INC.  |   | _  |   |   |                |                                 |                                     |
|---|---|---|--|---|---|----------------|---------------------------------|-------------------------------------|
| Principal Place   |   | Mailing Address   |  |   |   |                |                                 |                                     |
| O'CONOER, MI<br>13350-C SW 91<br>MIAMI FL 3318  | ST TERR   | O'CONNOR. MICHAEL F<br>13350-C SW 91ST TERR<br>MIAMI FL 33186               |  |   | DO NOT WE   | RITE IN THIS : | SPACE                           |                                     |
| US  |   | U\$   |  |   | <ol> <li>Date Incorporated or Qualifered</li> <li>03/01/1995</li> </ol> | d              |                                 |                                     |
| 2. Principal P  | lace of Business  | 2a. Mailing Address   |  |   | 4. FEI Number   |                | App                             | lied For                            |
| 21  |   | 26  |  | . 74  | 65-0562794  |                |                                 | Applicable                          |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |  |   | 5. Certificate of Status Desired  |                | <b>\$8.75</b> A                 |                                     |
| City & Stat   | e   | City & State  | _  |   | 6. Election Campaign Financing<br>Trust Fund Contribution               | , <sub>□</sub> | \$5.00 A                        |                                     |
| Žip   | Country   | Zip   | Country  |   | This corporation owes the cu     Personal Property Tax.                 |                | ngible<br>□ Yes                 | ₩No                                 |
| 24  | 25<br>g_ Name and Address of Curre  |   | <u>'</u>   |   | 10. Name and Address of New   |                |                                 |                                     |
| <del></del>   |   | int i to dinta an indant  | 81   | Name  |   |                | <u> </u>                        |                                     |
|   | ONNOR, MICAHEL F  |   | 82   | Stroot Add  | ress (P.O. Box Number is Not Accep                                      | table)         |                                 |                                     |
|   | 50-C SW 91ST TERR   |   | 02   | Street Add  | iless (F.O. Box Number is Not Accor                                     | nabic)         |                                 |                                     |
| MIAI  | WI FL 33186   |   | 83   |   |   |                |                                 |                                     |
| •   |   |   | 84   | City  |   | FL             | 85 Zip C                        | ode                                 |
| office or r<br>agent. I a   | to the provisions of Sections 607.051<br>registered agent, or both, in the State<br>on familiar with age accept the pulling | of Florida, Such change was auth  | orized by  | the corporati   | ion's board of directors. I hereby acc                                  | ept the appoin | tment as reg                    | istered                             |
| SIGNATURE   | Signature, typed or printed name of registered age  |   |  |   | ed when reinstating)  | DATE           |                                 |                                     |
|   | Signature, typed or printed name of registered age OFFICERS AI  | ent and title if applicable. (NOTE: ReND DIRECTORS                          | egistered Agen   |   | 3/11/9  | DATE           | D DIRECTOR                      | RS IN 12                            |
| SIGNATURE   | Signature, typed or printed name of registered age OFFICERS AI  | ant and title if applicable. (NOTE: Re                                      | 13.  |   | ed when reinstating)  | DATE           |                                 |                                     |
| SIGNATURE   | Signature, typed or printed name of registered age OFFICERS AI P O'CONNOR, MICHAEL F  | ent and title if applicable. (NOTE: ReND DIRECTORS                          | 13. 1.1 TITLE 1.2 NAME   | nt signature requin   | ed when reinstating)  | DATE           | D DIRECTOR                      | RS IN 12                            |
| SIGNATURE  12. TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registered age OFFICERS AI P O'CONNOR, MICHAEL F 13350-C SW 91ST TERR                   | ent and title if applicable. (NOTE: ReND DIRECTORS                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET  | nt signature requin   | ed when reinstating)  | DATE           | D DIRECTOR                      | RS IN 12                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of registered age OFFICERS AI P O'CONNOR, MICHAEL F  | ent and title if applicable. (NOTE: Re ND DIRECTORS                         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S   | nt signature requin   | ed when reinstating)  | DATE           | D DIRECTOR                      | RS IN 12                            |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered age OFFICERS AI P O'CONNOR, MICHAEL F 13350-C SW 91ST TERR                   | ent and title if applicable. (NOTE: ReND DIRECTORS                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE  | nt signature requin   | ed when reinstating)  | DATE           | D DIRECTOR                      | RS IN 12                            |
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6.4 CITY-ST-ZIP 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.

□ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE: > ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition