

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025370 (4)

1. Corporation Name

TRAFFIC BUILDING PROMOTIONS, INC.



Principal Place of Business

2805 W. BUSCH BLVD.
TAMPA FL 33618

Mailing Address

2805 W. BUSCH BLVD.
TAMPA FL 33618-4532

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report
04/05/1996

4. FEI Number

59-3304775

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGER, ROBERT
2805 W. BUSCH BLVD.
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent in full and for all purposes, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature required for each change of officer or agent in this statement)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME AXLEROD, DONALD
STREET ADDRESS 115 OCEAN DRIVE WEST
CITY, ST, ZIP STAMFORD CT 06902

☐ DELETE

1.1 TITLE PRESIDENT
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE ST
NAME MURPHY, GENEVIEVE K
STREET ADDRESS 140 E. 28 6D
CITY, ST, ZIP NEW YORK NY 10010

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE EVP
NAME HAGER, BOB
STREET ADDRESS 1716 MAGDELINE MANOR
CITY, ST, ZIP TAMPA FL 33613

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE C
NAME MEIZUK, LEON
STREET ADDRESS 67 CARRUAGE RD.
CITY, ST, ZIP SCARSDALE NY 10583

☐ DELETE

4.1 TITLE CONTROLLER
4.2 NAME MEIZLIK
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leon Meizlik 1/16/97 212 725 5762

CR2E034 (9/96)