## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000026378 (6) **DOCUMENT #** 

1. Corporation I	Name CE ADVERTISING SERVIC	ES INC.				
Principal Place of Business  5200 NORTH FEDERAL HIGHWAY SUITE 2-1186		Mailing Address  5200 NORTH FEDERAL HIGHWAY SUITE 2-1186				
ft. Lauderd	ALE FL 33308	FT. LAUDERDALE FL.	33308	<ol> <li>Date Incorporated or Qualified 03/30/1995</li> </ol>	03-30-95	
2. Principal Pla		2a. Mailing Address		4. FEI Number	<del>-</del>	Applied For
1 2701 E	. Atlantic	26 2701 E. At	lantic	65-05824		Not Applicable  5 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	-b   7 -	Required
2 203 City & State		City & State Pompano Beach, F1.		Election Campaign Financing     Trust Fund Contribution     Added to Fees		
3 Pompan	····	<del></del>	Country	8. This corporation has liability for		
Zip ⊐ aan <b>at</b>	Country	29 330 <b>6</b>	30 U.S.A.	Florida Statutes	es 💹 No	
4 330 <b>5</b>	25 U.S.A. 9 Name and Address of Current		U, S, A,	10. Name and Address of New	Registered Agent	
	g. (tame and Addices of Control		81 Name	J. V. Fink		
SPICER, B 82 Street Addg				Idress (P.O. Box Number is Not Acceptable)		
5200 NORTH FEDERAL HIGHWAY				7480 Hood Street		
SUITE 2			83			
	DERDALE FL 33308		84 City		<b> 85</b> 2	7ip Code 33024
				Hollywood  poration submits this statement for the pand of directors. Thereby accept the a		
SIGNATURE _	Signal re, type of ented name of Judeous and	no DIRECTORS	Ols Pagarenet Apost Signature force	are t when recreatings ADDITIONS/CHANGES TO C	74-7-96 DATE OFFICERS AND DIRECT	ORS IN 12
12.	D	DELETE		D	Change	Addition
NAME	SPICER, BEN		1.2 NAME	J. V. Fink		
STREET ADOPESS	5200 NORTH FEDERAL HIG	SHWAY, SUITE 2-1186		7480 Hood Street		
CITY-ST-ZIP	FT. LAUDERDALE FL 3330	8		Hollywood, Fl. 33024	J	. Maddien
TITLE		☐ DELETE	2 1 1/1/5		Change	e
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP		☐ DELETE	2.4 CiTY+\$1-7P 3.1 TULE		Change	e Addition
TITLE	1		3 2 NAME			-
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			34 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	- 14 TO 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	DELETE	4 1 III.E	7000017	'786月 <sup>69</sup> 09	e 🔲 Addit:on
NAME		_	4.2 NAME	7000017 -04/12/960	1061021	
STREET ADDRESS			4.3 STREET ADDRESS	***208.75		
CITY - ST - ZIP			4.4 CitY - ST - ZIP		[7] Observe	o [T] Addition
TITLE		<b>□</b> D∈LETE	5 1 TITLE		☐ Chang	e 🔲 Addition
NAME			5.2 NAMÉ			
STREE1 ADDRESS			5 3 STREET ADDRESS			
CHTY - ST - ZIP		E Delésé	5.4 CITY - ST - ZIP		Chang	e Addition
TITLE		□ D€LETE	6 1 TITLE			
NAME	1		6.2 NAME			

6.3 STPEET ADDRESS

6.4 CITY ST-219

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 in 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 additionally with an address 84-2-96 954-785-0099