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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 31 1997 8:00am

Secretary of State

R 1881 NGUR 140 JOHN ARIÐA DARM BORM BORM GOLFÐ HAÐA 1840 HÁRÐ HÖNU HAÐA 1840 HAÐA

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000029891 (5)

PROFESSIONAL TRAFFIC BUILDERS, INC.

Principal Place of Business Mailing Address					THE REST NOTE OF THE PRINT SHALL SHALL SHALL	CARM LIBIT INID	1 18110 79791	11 Pr 10 E1
1533 US HWY 19 NORTH HOLIDAY FL 34691 HOLIDAY FL 34691-5650								
					3. Date Incorporated or Qualified			eport
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-3304039			t Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Re	Additional equired
City & State 23	·	City & State			Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added to	
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	Country 30	/	8. This corporation has liability for Florida Statutes		under s. Vo	199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Age	ent	
	TONE, PETER		61	Name				
1533 US HWY 19 NORTH HOLIDAY FL 34691				Street Add	dress (P.O. Box Number is Not Acceptable)			
			83					<del></del>
			84	City	·	FL '	<b>35</b> Zip (	Code
SIGNATURE	Signatur Egjard or printed han eich registered age OFFICERS AN	D DIRECTORS	13.	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC			
THLE	PSTD	DELETE	1.1 TITLE				Change	Addition Addition
NAME	PIPITONE, PETER		1.2 NAME					
STREET ADDRESS	4285 13TH WAY NE ST PETERSBURG FL 34891			ADDRESS				
CHY-ST-7P THE	V FEIENOBONG FE 34081	DELETE	14 CITY- 21 TITLE	ST-ZIP			Change	Addition
NAME	WEISS, ART		22 NAME					
STREET ADDRESS	5124 HAYES STREET		•	T ADDRESS				
CITY-ST ZIF	HOLLYWOOD FL 33021		2 4 CITY-	ST-ZIP				
TITLE		DELETE	31 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
THE THE		DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		r	Change	Addition
NAME		Booked or or so to the	4. 2 NAME			h,	, · <b>-</b> ·	
STREET ADORESS				T ADDRESS				
CITY-ST ZIP			4.4 CITY -					
Tifté		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY - ST- 7IP		T being	5.4 CITY -	ST-ZIP			Channa	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TIFLE		☐ DELETE	6.1 TITLE			L.,	] Change	Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name