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

1	JMENT # P9500 ON Name ADVERTISING INC.	00042877 (7	')			
					Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î Î	
Principal Plac	ce of Business	Mailing Address				(86144 68141 81616 4186) 1614 16614 16614 1671 1671
125 NW 13TH STREET BOGA RATON FL 33432 125 NW 13TH STREET BOCA RATON FL 33432						
					3. Date Incorporated or Qualified 05/26/1995	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	. #, etc.	Suite Ant # etc	Suite, Apt. #, etc.		45-058420	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional	
City & Stal	le	Crty & State			6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Zip	Country	28	·		Trust Fund Contribution	Added to Fees
24	25	Ζ _ι ρ 29	Country 30	у	8. This corporation has liability for	intangible tax under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	[30]	···	Florida Statutes Yes 10. Name and Address of New R	
	44		81	Name	101	redistered with
	, WILLIAM F		82	Street Ac	dress (P.O. Box Number is Not Acceptab	do)
	V 13TH STREET RATON FL 33432				and the state of t	
DOON	WION FL 3343Z		83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-	l named com	oration submits this statement for the pur	FL 65 Zip Code
familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authorize tion 607,0505, Florida Statutes.	ed by the com	oration's bo	poration submits this statement for the pur pard of directors. I hereby accept the appo	pose of chariging its registered office pintment as registered agent. I am
SIGNATURE						
12.	Signature, typed or printed name of registered ager OFFICERS AN	it and title if applicable. (NOT ID DIRECTORS		nt signature requ	red when reinstating)	DATE
TITLE	D	DELETE	13. 1. 1 TITLE		ADDITIONS/CHANGES TO OFFI	
NAME.	GLASS, WILLIAM F		1.2 NAME	İ		☐ Change ☐ Addition
STREET ADDRESS	125 NW 13TH STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432			DITY-ST-ZIP		!
TITLE NAME	SEYS, DARREN	☐ DELETE	2 1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	125 NW 13TH STREET BOCA RATON FL 33432		2.2 NAME			
CITY-ST-ZIP			23 STREET 24 CITY-S			
TITLE	VD			1-ZIP		
NAME	BELLO, THOMAS		3 2 NAME	ĺ		Change Addition
STREET ADDRESS	125 NW 13TH STREET		3.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL 33432	F7 OF F75	34 CITY - S	r-ZIP		
NAME		DELETE 4.1)		Change Addition
STREET ADDRESS			4.2 NAME	ADDDCCC		
CiTY-S1-ZiP			4.3 STREET . 4.4 CITY - ST			
TITLE		☐ DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME	1		C comings C varietiti
STREET ADDRESS			5 3 STREET	ADDRESS		
TILE		DELETE	5.4 CITY - ST	- ZIP		
IAME		☐ pereig	6 1 TITLE 6.2 NAME			☐ Change ☐ Addition
THEET ADDRESS			6.3 STREET A	IDDBESS		
HTY-ST-ZIP			C 4 CITY OT	310		
 I do hereby certify that i 	certify that the information supplied vithe information indicated on this appu	with this filing is voluntarily furnish			or the exemption stated in Section 119.0	7(3)(k), Florida Statutes, I further
oath; that I	am an officer or director of the corpor Block 12 or Block 14 if changed, or o	ration of the receiver or trustee of	e report is true empowered to	and accura execute thi	for the exemption stated in Section 119.0 ate and that my signature shall have the sa is report as required by Chapter 607, Flori	ame legal effect as if made under ida Statutes; and that my name
	± 1 /	artaontilent with an addres	»».		1 .	Character (1)
SIGNATI	URE:				4/18/91.	392-2776
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Prione #