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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048690 (8)

TRISTAR ADVERTISING, INC.

Principal Place of Business	Mailing Address
1415 TROUT DR	P.O. BOX 28321
PANAMA CITY BEACH FL 32411	PANAMA CITY FL 3241

FILED Apr 11 1997 8:00am Secretary of State



PANAMA CITY BEACH FL 32411		PANAMA CITY FL 32411-8321						
					Date Incorporated or Qualified 06/19/1995		e of Last)1/1996	,
2. Principal F	Place of Business	2a. Mailing Address		*	4. FEI Number			pplied For
21		26			59-3326189			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, elc.			5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State		S. Election Campaign Financing Trust Fund Contribution Added to Fees				
Zφ.	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for i	ntangible t		s. 199.032,
	9. Name and Address of Curre				10. Name and Address of New Re	gistered A	gent	
APPLEBAUM, STEVEN L				Name				
910	08 FRONT BEACH RD		82	Street Add	lress (P.O. Box Number is Not Acceptab	ile)		
PAI	NAMA CITY BEACH FL 32407		83					
			84	City			85 Zip	Code
				<u> </u>		<u> FL</u>		
agent. La SIGNATURE	Solicition types or proced paths of registered a	igent and litte it applicable (NO			poration submits this statement for the p ation's board of directors. I hereby accep alred when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
Met	J P	☐ DELETE	1.1 TITLE				Change	Addition
RAME	TOLAR, TOM		1.2 NAME	1				
STREET ACURESS	1415 TROUT DR		1.3 STREE	T ADDRESS				
CHY-ST 741	PANAMA CITY BEACH FL 32		1.4 CITY	ST-ZIP				
Tiff	D	DELETE	2.1 TITLE			l	Change	Addition
NAME	O'CONNOR, F. JAMES		2.2 NAME					
STREET ADURESS			2.3 STREE	T ADDRESS	•			
CITY - ST - ZIP	PANAMA CITY FL 32404		2 4 CITY	ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITLE			l	Change	L Addition
NAME	TOLAR, SHARON		3.2 NAME					
STREET ADDRESS	1415 TROUT DR		3.3 STREE	T ADDRESS				
CHY-ST-ZIP	PANAMA CITY FL 32411	T ourse	3.4. CITY	ST-ZIP			100	Litera
TELE		☐ DELETE	4.1 TITLE	ŀ			Change	Addition
NAME			4. 2 NAMI					
S186E1 ADDRESS			E	1 ADDRESS				
CHY-\$1-74		DELETE	4.4 CITY-	ST-ZIP			Change	Addition
Total			51 TITLE				change	L AUUIIIOI
NAME			5.2 NAME	1				
STREET ADDRESS				T ADORESS				
CHY-SI-7IP		DELETE	5.4 CITY- 6.1 TITLE	51-7IP			Change	Addition
TITLE NAME		(") neftelf					change	E.J. MOUITO!
			6.2 NAME					
STREET ADURESS CITY-ST ZIP				T ADDRESS				

4. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Floriner 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

904 233-5988

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