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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000051025 1. Corporation Name

BANNERCOM, INC.

Principal Place of Business 138 N. SWINTON AVE

Mailing Address

C/O STAHL & ASSOCIATES

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90192 010 \*\*\*150.00



DELRAY BEACH FL 33444		138 NORTH SWINTON AVE DELRAY BEACH FL 33444		DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualifed 06/29/1995			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-3322310			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Country	1	This corporation owes the curre Personal Property Tax.	ent year Inta	angible	□No
24	25				10. Name and Address of New R	egistered A		
	9. Name and Address of Curre	ant Registered Agent	81	Name	To. Teams and Page 65			
	HL, JAMES F		82 Street Address (P.O. Box Number is Not Acceptable)					
138 N. SWINTON AVE. DELRAY BEACH FL 33444				83				
			84				85 Z	ip Code
!				'		FL	1 1	
office or re	egistered agent or both in the Stat	e of Florida. Such change was authori- gations of, Section 607.0505, Florida S	ized by Statutes	tne corporati	poration submits this statement for the ion's board of directors. I hereby accepted when reinstating	t the appoir	tment as	registered
12.	Tr	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	D STREET		1.1 TITLE				Chang	
NAME	STAHL, MELINDA	1	1.2 NAME					
STREET ADDRESS	138 N SWINTON			T ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-5					
TITLE	DEBUT BEACH 12 COTTY		2.1 TITLE	71.2	<u> </u>		☐ Chang	ge Addition
NAME		2	2.2 NAME					
STREET ADORESS			2.3 STREE	T ADDRESS	•			
CITY-ST-ZIP			2, 4 CITY-1					
TITLE		☐ DELETE 3	3.1 TITLE				T ☐ Chang	ge Addition
NAME			3.2 NAME					
STREET ADDRESS		3	3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TILE		☐ DELETE 4	4.1 TITLE				Chang	ge 🗌 Addition
NAME		4	4, 2 NAME					
STREET ADORESS		4	4.3 STREE	TADDRESS				
CITY-ST-ZIP	•		4.4 CITY-5	ST-ZIP				
TITLE			5.1 TITLE		•		Chan	ge 🗀 Addition
NAME			5.2 NAME					
STREET ADDRESS		· ·		TADDRESS				
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP			- Chan	ge Addition
TITLE		been	6.1 TITLE				☐ Chan	ge Addition
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-7/P		₹ €	6.4 CITY-5	ST-ZIP				

14. I 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, with all other like empowered.

SIGNATURE: