

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068252 (2)

1. Corporation Name

AD INVESTMENTS, INC.



Principal Place of Business

C/O INGRID SUHANDRON
2880 W. OAKLAND BLVD., STE. 118
FT. LAUDERDALE FL 33311

Mailing Address

C/O INGRID SUHANDRON
2880 W. OAKLAND BLVD., STE. 118
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business
c/o T&S Management, Inc
2880 W. Oakland Park Blvd.

Suite, Apt. #, etc.

22 Suite 118

City & State

23 Ft. Lauderdale, FL. 33311

Zip

Country

24

2a. Mailing Address
c/o T&S Management
2880 W. Oakland Park Blvd.

Suite, Apt. #, etc.

27 Suite 118

City & State

28 Ft. Lauderdale, FL. 33311

Zip

Country

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9. Name and Address of Current Registered Agent

I & S MANAGEMENT, INC.
2880 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SANDRA SCHMOKER, PRESIDENT

Signature, typed or printed name of registered agent and title (if applicable)

(If not, Registered Agent's signature must be submitted)

ROL. OLIVER

4/4/96

Date

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
2. TITLE
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1. TITLE
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96. CITY- ST- ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY- ST- ZIP

☐ Change ☐ Addition

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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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-96

Daytime Phone #

CR2E034 (12/95)