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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000068919 (6)

K.J. ADVERTISING, INC.

Principal Place of Business Mailing Address						I SODINDON AND NOON BANKA COMIN CONTRACT	41 <b>69</b> 118 91191 18110 <del>1</del> 911	))	
5770 ROOSEVELT BLVD. SUITE 500 5770 ROOSEVELT BL CLEARWATER FL 34620 CLEARWATER FL 346									
						<ol> <li>Date Incorporated or Qualified 09/07/1995</li> </ol>	3a. Date of Li 05/01/19	•	
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
26       26				<u> </u>		59-3332944		Not Applicable	
22 27						5. Certificate of Status Desired	Fe	75 Additional ee Required	
23 City & Star	City & State City & State					6. Election Campaign Financing		.00 May Be	
Z <sub>i</sub> p				untry		Trust Fund Contribution  8. This corporation has liability for		ded to Fees	
24	25 29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Ro	gistered Agent			
JOHNSON, KEITH					Name				
5770 ROOSEVELT BLVD, SUITE 500 CLEARWATER FL 34620				82	Street Add	ress (P.O. Box Number is Not Accepta	ole)		
CLEARWAIER PL 34020				83				<del> </del>	
				84	City	,	les!	7in Coda	
					•		FL	Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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									
	Signature: typed or printed name of registered age			ed Age	uper evulangia fn	ired when reinstating)	DATE		
12. TillE	OFFICERS AND	DELETE	13.	ITI F	1	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC		
NAME	JOHNSON, KEITH R.E.			NAME			مان لیبا	lige 🔲 Xuottoti	
SIREFI ADDRESS 5770 ROOSEVELT BLVD, SUITE 500				1.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34620		1.40	CITY-S1	r-ZIP				
TITLE		☐ DELETE	2.1 T	IILE			☐ Cha	nge 🔲 Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CHY-ST-7P		T NEITTE	2.4 CITY-ST-ZIP DELETE 3.1 TITLE		1-21P			4.4.05	
THTLE: NAME		T Derest	ı	3.1 TITLE 3.2 NAME		* *	≥" ∐ Cha	nge L Addition	
STREET ADDRESS	ar co		1	3.2 NAME 3.3 STREET ADDRESS					
CITY - ST - ZIP			1						
TITLE				3.4. CHY-ST-ZIP 4.1 TITLE			Cha	nge	
NAME			4.21	4. 2 NAME				_	
STREET ADDIRESS			4.3 STREET ADDRESS		ADDRESS				
CITY - ST - ZIP			4.4 0	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE 5.1		5.1 T				☐ Cha	nge 🔲 Addition	
NAME				IAME					
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP TITLE		DELETE		ITY-ST	-ZIP	,-, , , , , , , , , , , , , , , , , , ,	T ALL	1 1 2 2 2 2 2	
NAMÉ		C3 occur	6.1 T				Cha	nge 🗌 Addition	
STREET ADDRESS			1	IAME STREET	ADDRESS :				
Control (Control			0.3 3	HINLEI	MUDICOO				

6.4 CITY-ST-ZIP

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.