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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000005697	(3)
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FILED Apr 13 1998 8:00am Secretary of State

FISHER ADVERTISING, INC. Principal Place of Business Mailing Address 1715 NE 39TH ST 1715 NE 39TH ST OAKLAND PARK FL 33334 **OAKLAND PARK FL 33334** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0716843 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Žιρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FISHER, CAROLYN 1715 NE 39TH ST 82 Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33334 83 Zip Code City 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 Signature, typed or portion name of registered agent and to diff applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE FISHER, CAROLYN 1.2 NAME NAME 1715 NE 39TH ST 1.3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 21 HTTE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34, CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP DELETE ☐ Change Addition 5.1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - ST - ZIP CITY-ST-ZIP Addition DELETE Change 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 of supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under earl; that I am an officer or director of the corporation of the receiver or traspectation 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 by address.

4.1-38