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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P96000 n Name ADVERTISING, INC	005697						
Principal Place	e of Business	Mailing Address				- 1 (MB)1000 144 (0540 051) 001(1 061) 189(1	. 8 8 1 1 1 8 1 9 1 8 11 1 B 1 1 1	(B (B()) (BS) (BS)
1715 NE 39TH ST 1715 NE 39TH ST						,		
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334			34					
US		US				DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 01/17/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0716843		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certifcate of Status Desired	• • •	Additional
22		27				.ļ		Required
City & Stat	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes the current ye	ear Mangible	□No
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Regist		
	9. Name and Address of Currer	nt Registered Agent		81 Na	ne	10. Hanie and Address of New Regist	orea regular	_
FISH	IER, CAROLYN			1				
1715 NE 39TH ST OAKLAND PARK FL 33334				82 Str	et Addre	et Address (P.O. Box Number is Not Acceptable)		
				83				
O, u c	E WE / Marie Cook	•		83				
				84 City		4.41.4	FL '	Code
11. Pursuant	to the provisions of Sections 607.050	12 and 607 1508 Florida Stat	rutae tha s	hove-pag		ration cubmite this statement for the num	ise of changing i	
		of Florida. Such change was dons of, Section 607.0505, F	authorized Florida Stat	d by the clutes.	orporation	oration submits this statement for the purpoin's board of directors. I hereby accept the	appointment as	registered
agent. I a				U	~~	when reinstating)	ITE /	
	Signature hyped or printed number of registered age	int and title if applicable. (NO NO DIRECTORS		U	~~	Q 337	TE RS AND DIRECT	TORS IN 12
SIGNATURE	Signature typed of Finish parties of redistered ego OFFICERS AN	int and title if applicable. (NO	TE: Registered	d Agent signa	~~	when reinstating)	ITE /	TORS IN 12
SIGNATURE	Signature typed of printed name of registered age	int and title if applicable. (NO NO DIRECTORS	TE: Registered	d Agent signa	~~	when reinstating)	TE RS AND DIRECT	TORS IN 12
SIGNATURE 12. TITLE	Signature typed of Finish parties of redistered ego OFFICERS AN	int and title if applicable. (NO NO DIRECTORS	13. 1.1 Ti	d Agent signa	ure required	when reinstating)	TE RS AND DIRECT	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed of Finish name of registered age OFFICERS AN D FISHER, CAROLYN	int and title if applicable. (NO NO DIRECTORS	13. 1.1 Ti 1.2 N 1.3 S	d Agent signa	ure required	when reinstating)	RS AND DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed of Finish name of registered age OFFICERS AN D FISHER, CAROLYN 1715 NE 39TH ST	int and title if applicable. (NO NO DIRECTORS	13. 1.1 Ti 1.2 N 1.3 S	d Agent signa ITLE IAME ITREET ADDR	ure required	when reinstating)	TE RS AND DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed of Finish name of registered age OFFICERS AN D FISHER, CAROLYN 1715 NE 39TH ST	nt and title if applicable. (NO ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C	d Agent signa ITLE IAME ITREET ADDR	ure required	when reinstating)	RS AND DIRECT	FORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FISHER, CAROLYN 1715 NE 39TH ST OAKLAND PARK FL	nt and title if applicable. (NO ND DIRECTORS	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	d Agent signa ITLE IAME ITREET ADDR	ure required	when reinstating)	RS AND DIRECT	FORS IN 12
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CITY-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 of suppliemental 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS