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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000022926 (5)

1. Corporation Name
AD ARTWORKS, INC.



Principal Place of Business
1567 FLANDERS ROAD, #318
JACKSONVILLE FL 32207

Mailing Address
1567 FLANDERS ROAD, #318
JACKSONVILLE FL 32207-7806

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

03/11/1996

4. FEI Number

59-3366078

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALO, ART
1567 FLANDERS ROAD, #318
JACKSONVILLE FL 32207

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 to 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 fully aware of the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 D ☐ DELETE
NAME DALO, ART
STREET ADDRESS 1567 FLANDERS ROAD, #318
CITY-STATE-ZIP JACKSONVILLE FL 32207
102 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
103 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
104 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
105 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
106 ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

111 ☐ Change ☐ Addition
112 NAME
113 STREET ADDRESS
114 CITY-STATE-ZIP
211 ☐ Change ☐ Addition
212 NAME
213 STREET ADDRESS
214 CITY-STATE-ZIP
311 ☐ Change ☐ Addition
312 NAME
313 STREET ADDRESS
314 CITY-STATE-ZIP
411 ☐ Change ☐ Addition
412 NAME
413 STREET ADDRESS
414 CITY-STATE-ZIP
511 ☐ Change ☐ Addition
512 NAME
513 STREET ADDRESS
514 CITY-STATE-ZIP
611 ☐ Change ☐ Addition
612 NAME
613 STREET ADDRESS
614 CITY-STATE-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.

SIGNATURE:

ARTHUR DALU

3-15-97

904/993-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number