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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9600029960  1. Corporation Name  SJB ADVERTISING CONSULTANTS, INC.						
Principal Place	of Business	Mailing Address		T (DOINDS IN ADIN DAIR EDIA DENI SENY DONA	11E10 10110 10114	OIIII GOIS IVEI
291 - OW - 27TH - AVE. 291 - SW - 27TH - AVE.						
MIAMI-FL 99135 MIAMI-FL 32135				DO NOT WRITE IN THIS	CDACE	
				3. Date Incorporated or Qualifed	SPACE	
				04/01/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 300 7	'1st Street, #612	26 300 71st. Stree	t, #612	65-0126932	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 #612		27 #612			Fee Re	<del>~~~~</del>  =
City & State	·			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23 Miami Beach, FL. 28 Miami Beach, FI				Trust Fund Contribution		o rees
Zip 33141	Country .	20171	Country USA	<ol><li>This corporation owes the current year Int Personal Property Tax.</li></ol>	angibie □Yes	□No
24 33141		[23]		10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
RODNER STANLEY J				And there are a second as		
291 SW 27TH AVE. 300 71st. Street, 82 Street			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
C. 4 to #612			83			
Miami Beach, FL. 33141		Beach, FL. 33141				
}			84 City	FL	85 Zip C	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  STRUCY J. BOWEL  Signature, typed or printed name of registered agent and theff applicable.  (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D	(DELETE 1.	1 TITLE		☐ Change	Addition
NAME			2 NAME			
STREET ADDRESS	AND MALATTI AUE		3 STREET ADDRESS			
CITY-ST-ZIP	_ ·	- B	4 CITY-ST-ZIP			
TITLE			1 TITLE		☐ Change	☐ Addition
NAME	the second secon	2.	2 NAME			
STREET ADDRESS		2.	3 STREET ADDRESS			
CITY-ST-ZIP	3	2.	4 CITY-ST-ZIP			
TITLE		DELETE 3.	1 TITLE		Change	☐ Addition
NAME		3.	2 NAME			ł
STREET ADDRESS		3.	3 STREET ADDRESS			
CITY-ST-ZIP		3.	4. CITY-ST-ZIP			
TITLE		☐ DELETE 4.	1 TITLE		☐ Change	Addition
NAME		4.	2 NAME	•		
STREET ADDRESS		4.	3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP			
TITLE			1 TITLE		☐ Change	Addition
NAME			2 NAME			
STREET ADDRESS		5.	3 STREET ADDRESS			

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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

To DE CLIPSTONY J.BO ONDE

☐ DELETE

385-861-1313

Change

Addition