

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

FILED

Oct 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> , Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P9600053771**  
1. Corporation Name  
**ADCITY, INC.**

Principal Place of Business Mailing Address  
**345 COLONIAL ROAD**  
**WEST PALM BEACH, FL 33405**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>345 Colonial Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>345 Colonial Rd.</b> Suite, Apt. #, etc.	4. FEI Number <b>65-069-2587</b>	Applied For Not Applicable
22 <b>West Palm Beach, FL</b> City & State	27 <b>West Palm Bch, FL</b> City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>33405</b> Zip	28 <b>33405</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>Palm Beach</b> Country	29 <b>Palm Beach</b> Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
**DAVID E. LIENANO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**345 Colonial Rd**  
83  
84 City  
**West Palm Bch FL**  
85 Zip Code  
**33405**

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 **DAVID LIENANO**

(NOTE: Registered Agent signature required when reinstating)

DATE **8.31.98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>	1.2 NAME	
STREET ADDRESS	<b>CAILUS A. LIENANO</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>18202 DAYBREAK DRIVE,</b>	1.4 CITY-ST-ZIP	
	<b>BOCA RATON, FL 33496</b>		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>800002660388</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-10/09/98-- 01054--012</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>***158.75</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

CR2E034 (10/97)

(2)

August 31th, 1998

To: **Division of Corporations**

From: **AdCity, Inc/  
David E. Lievano  
P.O. Box 3187  
Lantana, Florida 33462  
561-586-3186**

**RE: Reinstatement of Corporation**

To whom it may concern:

Enclose you will find a ck in the amount of 158.75 for re-instatement of corporation and also to pay for a certificate of good standing.

I did not receive a 1st Notice and according to the instructions given to me by your office I should include this letter with my ck.

Please forward the certificate to:

**345 Colonial Rd. West Palm Beach, Fl 33405.**

If you have any questions please do not hesitate to contact me.

Sincerely,



**C. Lievano.  
Ad City, Inc.**