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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000004401 (0)

KURT SCHLEICHER ADVERTISING, INC.

## FILED Apr 24 1998 8:00am Secretary of State



| Principal Place                       | ace of Business Mailing Address   |  |                                    |  | # ADDINGO SIN NON PON PON BON BON PON PON PON PON PON PON PON PON PON P  |   |   |
|---------------------------------------|---|--|------------------------------------|--|--|---|---|
| 201 WEST DAVIS BLVD<br>TAMPA FL 33606 |   | 201 WEST DAVIS BLVD<br>TAMPA FL 33606                                |                                    |  |  |   |   |
|                                       |   | IAMPA FL 33000   | TAMPA FL 33806                     |  | DO NOT WRITE IN THIS SPACE   |   |   |
|                                       |   |  |                                    |  | 3. Date Incorporated or Qualified  |   |   |
|                                       |   |  |                                    |  | 01/13/1997   |   |   |
|                                       | lace of Business  | 2a. Mailing Address  |                                    | 4. FEI Number Applied                                |  | pplied For  |   |
| 21 5 15                               | Bay S+  | 26 513 Bay 5+  |                                    | 59-3422828   |  | lot Applicable                                      |   |
| Suite, Apt.                           |   | Suite, Apt. #, etc.  |                                    | 5. Certificate of Status Desired                     |  | Additional<br>Required                              |   |
| City & State                          | θ   | City & State   |                                    |  | 6. Election Campaign Financing   | \$5.00  | May Be                                    |
| 23 TAW                                | 10a, FLA  | 28 TAmpa,  | FLA                                |  | Trust Fund Contribution  |   | to Fees                                   |
| Zip                                   | Country   | Zip  | Count                              | ry   | 8. This corporation owes or has paid the o   | urrent year In                                      | ntangible                                 |
| 24 23/01                              | D(p   25  |  | 30                                 |  | Personal Property Tax due June 30.   |   | No  |
|                                       | g. Name and Address of Curren   | t Registered Agent   |                                    |  | 10. Name and Address of New Registere  | d Agent   |   |
| BO                                    | GG\$, E. JACKSON  |  | В                                  | 1 Name   |  |   |   |
|                                       | EAST KENNEDY BLVD<br>ITE 1700   |  | 8:                                 | 2 Street Add   | dress (P.O. Box Number is Not Acceptable)  |   |   |
|                                       | MPA FL 33602  |  | 8:                                 | 3  |  |   |   |
|                                       |   |  | 8                                  | 6 City   |  | es 7in  | Code                                      |
|                                       |   |  | 6                                  | CRY  | F  | L  85   Zip   | Cone                                      |
| office or re                          |   | of Florida, Such change was a  | uthorized b                        | by the corpora                                       | poration submits this statement for the purpose ation's board of directors. I hereby accept the a  |   |   |
| SIGNATURE                             |   |  |                                    |  |  |   |   |
|                                       | Signature, typed or printed name of registered ago                              |  |                                    | gent signature requ                                  | ired when reinstating) DATE  | US SUDFOTO:   |   |
| 12.                                   | OFFICERS AND  | D DIRECTORS DELETE   | 13.<br>1.1 TITLE                   |  | ADDITIONS/CHANGES TO OFFICERS A  | Change  | Addition                                  |
| **                                    | D<br>Schleicher, Kurt P.J.  | otter  | 1.2 NAME                           |  |  | L.J Orkings   | Addition                                  |
| NAME<br>CTOCET ADDRESS                | 201 WEST DAVIS BLVD   |  |                                    | ET ADDRESS   |  |   | ļ   |
| STREET ADDRESS                        | TAMPA FL 33606  |  | 1                                  | 1 i  |  |   | 1   |
| CITY-ST-ZIP<br>TITLE                  | D   | DELETE   | 1.4 CITY-<br>2.1 THILE             |  |  | Change  | Addition                                  |
| NAME                                  | SCHLEICHER, DIANE M   |  | 2.2 NAME                           |  |  | - Unango  |   |
| STREET ADDRESS                        | 201 WEST DAVIS BLVD   |  | <b>4</b>                           | ET ADDRESS   |  |   | j   |
| CITY-ST-ZIP                           | TAMPA FL 33606  |  | 2.4 CITY                           | •  |  |   |   |
| TITLE                                 | (ZMITATE 33000  | DELETE   | 3.1 TITLE                          |  |  | Change  | Addition                                  |
| NAME                                  |   |  | 3.2 NAME                           | 1  |  |   |   |
| STREET ADDRESS                        |   |  |                                    | ET ADDRESS   |  |   | ì   |
| CITY-ST-ZIP                           |   |  | 3.4. CITY                          |  |  |   | j   |
| TITLE                                 |   | DELETÉ   | 41 TITLE                           |  | 77-1-1   | Change  | ☐ Addition                                |
| NAME                                  |   |  | 4, 2 NAM                           | €  |  |   |   |
| STREET ADDRESS                        |   |  | 4.3 STRE                           | ET ADDRESS   |  |   |   |
| CITY-ST-ZIP                           |   |  | 4.4 CITY-                          | ST-ZIP   |  |   |   |
| TITLE                                 |   | ☐ DELETE   | 5.1 TITLE                          |  |  | Change  | Addition                                  |
| NAME                                  |   |  | 5.2 NAM6                           | :  |  |   |   |
| STREET ADDRESS                        |   |  | 5.3 STRE                           | ET ADDRESS   |  |   |   |
| CITY-ST-ZIP                           |   |  | 5.4 CITY-                          | S1- 2IP  |  |   |   |
| TITLE                                 |   | ☐ DELETE   | 6.1 TALE                           |  |  | Change  | Addition                                  |
| NAME                                  |   |  | 6.2 NAME                           |  |  |   |   |
| STREET ADDRESS                        |   | <u>~</u>   | 6.3 STRE                           | ET ADDRESS   |  |   |   |
| CITY-ST-ZIP                           |   | <u> </u>   | BACITY.                            |  |  |   |   |
| indicated officer or o                | on this annual report or supplementa<br>director of the corporation or the rece | al armual report is true and accu<br>given or trasses empowered to e | The exemulate and the expoute this | ption stated in<br>hat my signati<br>s report as rec | n Section 119.07(3)(i), Florida Statutes. I further<br>ure shall have the same legal effect as if made q<br>quired by Chapter 607, Florida Statutes; and tha | certify that the<br>under oath; th<br>it my name ap | e information<br>lat I am an<br>opears in |
| Block 12 (                            | or Block 13 if changed, or on an attac  | chmbal with the addless.   | 1                                  |  | 4 4 /  |   | _   |

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