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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000015330 (8)** 

MEDIA PRODUCTS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED May 04 1998 8:00am Secretary of State



8301 CYPRES JACKSONVILL	SS PLAZA DRIVE STE 107 LE FL 32256	8301 CYPRESS PLAZA DRI JACKSONVILLE FL 32256	VE STE 107	DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualified 02/18/1997		
	ace of Business	2a. Mailing Address	. 0 . 21	4. FEI Number 342 7014	<del> </del>	plied For
	1 Perimeter Bik		neter Both Blo	29-372 1031		t Applicable
Sulte, Apt.		27		5. Certificate of Status Desired	\$8.75 A	quired
23 SACKSUNUILC, FI 28 DACKSUNII				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
zip311	Country Country	20 3016 3	Country	8. This corporation owes or has paid the cu		angible ] No
24 349	Name and Address of Curre		<u> </u>	Personal Property Tax due June 30.  10. Name and Address of New Registered		1110
	VFER, ELIOT J	int riogistorou rigorit	81 Name			
JACKSONVILLE FL 32207				tress (P.O. Box Number is Not Acceptable)	BING	
•			83			-
			84 City \		85 Zip (	Code
			46	cksonville Fl	<u> </u>	9916
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 agont, 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 obtainers of Section 607,0505, Florida Statutes.						
agent. I a	m familiar with and accept the obt	gations of, Section 607.0505, Flori	da Statutes.	isser 4.24.9	25	•
SIGNATURE	[M] [M]		Registered Agent signature requ		7	
12.	Signature typed or printed name of registered a	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	110. Sec /97.65	DELETE	1.1 TITLE		Change	Addition
NAME	STUAT THE BURS	ge/	1.2 NAME			
STREET ADDRESS	1989 Bellice C	*	1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, I PICS JAY MATHIS 10405 NW 57 PHASTATION , F	32157	1.4 CITY - ST - ZIP			
TITLE	Vie5	☐ DELE <b>te</b>	2.1 TITLE		☐ Change	Addition
NAME	JAY MATHIS	u of	22 NAME			
STREET ADDRESS	10405 NW 5		2.3 STREET ADDRESS			
CITY-ST-ZIP	PIASTATION IF	35309	2 4 CITY - ST - ZIP		Change	Addition
		☐ DELETE	3.1 TITLE		L Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. C/TY - ST - Z/P 4.1 TITLE		Change	Addition
TITLE			4. 2 NAME			_
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0.11.0000000000000000000000000000000000		lafa-a-ratio
indicated officer or	certify that the information supplied I on this annual report or supplement director of the corporation or the re or Block 13 if changed, or on an an	ntal annual report is true and accurately and accurate accurate and accurate and accurate and accurate and accurate and accurate and accurate accurate and accurate accurate and accurate accurate and accurate acc	the exemption stated it lete and that my signatecute this report as re	n Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made to quired by Chapter 607, Florida Statutes; and that	under oath; the t my name ap	at I am an pears in