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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019554 (9)

MICHAEL GUSSMAN ADVERTISING, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Mar 25 1998 8:00am Secretary of State



3/16/98

954 880-6890

4801 SOUTH UNIVERSITY DRIVE #245 4801 SOUTH UNIVERSITY DRIVE #245 DAVIE FL 33328 DAVIE FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 GUSSMAN, MICHAEL A 4801 SOUTH UNIVERSITY DRIVE #245 82 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33328** City Zip Code 85 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 registored agent, or both, in the Stato 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 Signatore, typed or profed name of registerod agent and this if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TITLE MICHAEL A. GUSSMAN NAME 1.2 NAME 4001 SOUTH UNIVERSITY DR #2 STREET ADORESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP 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 trusted 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 attachinest with an address.