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 # P9700069389 (9) J. & V. ADVERTISING AGENCY, INC. Principal Place of Business Mailing Address 55 MADRID LANE 55 MADRID LANE DAVIE FL 33324 DAVIE FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65- 0779880 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PARKER, VICKI 55 MADRID LANE Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33324 83 84 City Zip 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 an accept the obligations of, Section 607.0505, Florida Statutes. registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change PARKER, VICKI NAME 1.2 NAME **55 MADRID LANE** STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 33324 CITY-ST-ZIP 1.4 CITY - ST - ZIP DV TITLE DELETE Change 2.1 TITLE Addition REIMER, JAMES NAME 2.2 NAME **373 CENTER ISLAND** STREET ADDRESS 2.3 STREET ADDRESS **GOLDEN BEACH FL 33160** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-7IP TITLE ☐ DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 an attachment with an address

SIGNATURE:

CITY-ST-ZIF

Bullet in the Comment

3/23/98

9511.911.961

FILED

Mar 27 1998 8:00am

Secretary of State