**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000010104

1.

1. Corporation Name

CORPORATE IMAGE PROMOTIONAL ADVERTISING, INC.

Principal Place of Business

Mailing Address

## May 11, 1999 8:00 am Secretary of State

05-11-1999 90040 033 \*\*\*150.00



100 S. Military Trail Sutie 18 Deerfield Beach Fl. 33442			100 S. MILITARY TRAIL SUTIE 18 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE				
							<ol> <li>Date Incorporated or Quali 02/02/1998</li> </ol>	fed				
2. Prin	cipal Place of Business		2a. Mailing Addr					4. FEI Number			Applied Fo	or
1 3:	527 v. HLLSBO	iro blud.	26 3520	w. HILI	SBU	90 BU	WDI	65-08140	42		Not Applic	able
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							-	5. Certifcate of Status Desire	d □		5 Additional Required	al
City & State						1 FL		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	3442 25 VS	itry	Zip 29 3344	12 30	Country			This corporation owes the Personal Property Tax.	current year Inte	angible Yes	□No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
81						Name						
PAINE, JEFFREY ESQ. 500 S. AUSTRALIAN AVE					<u> </u>							
					82	82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 120								······································			•	
W PALM BEACH FL 33401					83							
	W 1768 BE 1011 E 00		_		84	City	_		. FL	85 2	ip Code	
off	rsuant to the provisions of Se ice or registered agent, or bo ent. I am familiar with, and a	th. in the State of	f Florida, Such chan	ige was auth	orized by	the corpo	corpora oration'	ation submits this statement for s board of directors. I hereby a	the purpose of ccept the appoir	changino ntment a	its register s registered	ed
SIGNA									DATE			_
	Signature, typed or printed na	<u>_</u>		(NOTE: Re		nt signature r	required w	rhen reinstating)		ם מוסבי	STORE IN	12
0.110=1.010=1					13.	ADDITIONS/CHANGES TO OFFICERS AND DIR			TO Chai		ddition	
TODOSTE 4470												

ZACKOON, BARRY NAME 3527 W. HILLSBORD BLVD. 100 S. MILITARY TRAIL 1.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** DEERFIELD BEACH, FL 1.4 C/TY-ST-Z/P CITY-ST-ZIP ☐ DELETE 2.1 TITLE TITLE FRYDMAN, MORRIE 2.2 NAME NAME 13527 W. HILLSBORD BLUD. 100 S. MILITARY TRAIL 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 **DEERFIELD BEACH FL 33442** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE 3527 W. HILLSBORU BLVD. DEERFIELD BEACH, FL 33442 AChange I ZACKON, LINDA 3.2 NAME NAME 100 S. MILITARY TRAIL 3.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP 34 CITY-ST-ZIP ☐ DELETE 4.1 TITLE TOLE NAME FRYDMAN, ANDREA 4 2 NAME 3521 W. HILLSBORD BLUD. STREET ADDRESS 100 S. MILITARY TRAIL 4.3 STREET ADDRESS DEERFIELD BEACH, F DEERFIELD BEACH FL 33442 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is true and accurate and that my signature styling officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. h 119.07(3)(i) ill have the sa Statutes. I further certify that the information effect as if made under oath; that I am an es; and that my name appears in by Chapter

SIGNATURE:

CR2E034 (11/98)