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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000031334**1. Corporation Name

21ST CENTURY ADVERTISING, INC.

Principal Place of Business Mailing Address					,		
1501 SOUTH MISSOURI AVENUE		1501 SOUTH MISSOURI AVENUE					
CLEARWATER FL 33756 CLEA		CLEARWATER FL 33756	EARWATER FL 33/56		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 04/02/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 26		26	-		59-3504169	Not	Applicable
		Suite, Apt. #, etc.	. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
27		27			5. Certicate of Status Desired	Fee Red	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 1	Vlay Be
23 28		28			Trust Fund Contribution	Added to	Fees
Zip Country Zip		Zip	Country		8. This corporation owes the current year		
24	25	29 30	0		Personal Property Tax.		□No
<u> </u>	9. Name and Address of Current	Registered Agent		г	10. Name and Address of New Registe	ed Agent	
исс	DAW KELTON C		81	Name			Ì
MCCRAW, KELTON G 1501 SOUTH MISSOURI AVENUE			82	Street Adds	ess (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 33756							
CLEARWAIER FL 33/30			83				
			84	City	·	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes						FL 3 250	
agent. I a SIGNATURE	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re	a Statutes	-	on's board of directors. I hereby accept the and when reinstating) DA DA	TE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	D MCCDAW MELTON C	□ DECC1E	1.1 TITLE			L] Origings	
NAME	AFOA COLITILIANICCOLIDI AVICANIE		1.2 NAME				
STREET ADDRESS	1501 SOUTH MISSOURI AVENU	E		ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756	Chelere	1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	·-		2.1 TITLE			[] Criange	
NAME			2.2 NAME				}
STREET ADDRESS			2.3 STREET	ſ			}
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Change	Addition
TITLE			3.1 TITLE			CT cuarage	
NAME			3.2 NAME				· ·
STREET ADDRESS		3.3 STREET ADDRESS				ĺ	
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP		□ Change	Addition
TITLE			4.1 TITLE			C1 Citatige	E Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET				ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		. [] Change	Addition
TITLE			5.1 TITLE		<u>.</u> *	, CJ Change	
NAME			5.2 NAME	TADODECC	•		.
STREET ADDRESS				TADORESS			Į
CITY-ST-ZIP		M selete	5.4 CITY-S 6.1 TITLE	1-ZIP		Change	Addition
TITLE		☐ DELETE				⊏1 cuande	[] Working
NAME			6.2 NAME				

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 op an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90129 005 ***158.75