### 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

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90020 018 \*\*\*150.00

# 

### DOCUMENT # P98000037656 1. Corporation Name

A.S.A ADVERTISING, INC.

Principal Place of Business

Mailing Address

2880 WEST OAKLAND PARK BLVD. SUITE 114 FORT LAUDERDALE FL 33313

2880 WEST OAKLAND PARK BLVD. SUITE 114 FORT LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

|                                   |   |                                  |                    |                       | <u> </u>  |                                   |  |
|-----------------------------------|---|----------------------------------|--------------------|-----------------------|---|-----------------------------------|--|
| 2. Principal Pl                   | ace of Business   | 2a. Mailing Address              |                    |                       | 4. FEI Number   |                                   | Applied For  |
| 21                                |   | 26                               |                    |                       | 65-0827159  | 1 1                               | lot Applicable                                     |
|                                   |   | Suite, Apt. #, etc.              | 3.                 |                       | 5. Certifcate of Status Desired   |                                   | Additional   |
| 22                                | •   | 27                               |                    |                       | 5. Certificate of Status Desired  | Fee F                             | Required   |
| - City & State                    | e   | City & State                     | . •                |                       | 6. Election Campaign Financing  | - \$5.00                          | ) May Be 🏺 📗                                       |
| 23                                |   | 28                               |                    |                       | Trust Fund Contribution   | Added                             | I to Fees  |
| Zip                               | Country   | Zip                              | Cour               | ntry                  | 8. This corporation owes the current year   | r Intangible                      |  |
| 24                                | 25  | 29                               | 0                  |                       | Personal Property Tax.  | ☐Yes                              | ₩No  |
|                                   | 9. Name and Address of Current  |                                  |                    |                       | 10. Name and Address of New Registe   | red Agent                         |  |
|                                   |   |                                  |                    | 81 Name               | ant Cohol Dimolo L  |                                   |  |
| HARTSFIELD, ANGELA K              |   |                                  |                    | 77                    | With elde, Hogelie K<br>dress (P.O. Box Number is not Acceptable).<br>O.D. Dirk I and Daze Bi       |                                   | <del>.                                      </del> |
| 5557 W OAKLAND PARK BLVD, STE 323 |   |                                  |                    | 82 Street Add         | dress (P.O. Box Number is not Acceptable)   | UC # 11.                          | 1  |
| FORT LAUDERDALE FL 33313          |   |                                  |                    | 83                    | Cu. Culoux Puece Cx   | <u> </u>                          | +  |
|                                   | T ENODERIDINEE I E GOOTG  |                                  |                    | · ·                   |   |                                   |  |
|                                   |   |                                  | Ī                  | 84 City               | indole  | 85 <u>Zic</u>                     | Code   |
|                                   |   |                                  |                    | [F4.]                 |   |                                   |  |
| 11. Pursuant                      | to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes   | , the at           | ove-named cor         | rporation submits this statement for the purpos<br>tion's board of directors. I hereby accept the a | e of changing i<br>pointment as i | ts registered                                      |
| agent. I a                        | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | ons of, Section 607.0505, Florid | la Statu           | tes.                  | / _/  | 7.                                |  |
| 1                                 | Awel K- Trouble   | · i/ .il                         |                    |                       | 3/25  | 199                               | l  |
| SIGNATURE                         | Signature, typed or pointed name of registered/agent a                                  |                                  | egistered .        | Agent signature requi | ired when reinstating) DATE   |                                   |  |
| 12.                               | OFFICERS AND  | DIRECTORS                        | 13.                |                       | ADDITIONS/CHANGES TO OFFICERS   |                                   |  |
| TITLE                             | PD  | ☐ DELETE                         | 1.1 TIT            | LE                    |   | Change                            | Addition   |
| NAME                              | HARTSFIELD, ANGELA K  |                                  | 1.2 NA             | ME                    |   |                                   |  |
| STREET ADDRESS                    | 5557 W OAKLAND PARK BLVD, STE 323   |                                  | 1.3 STREET ADDRESS |                       |   |                                   | 1  |
|                                   | FORT LAUDERDALE FL 33313  | 012 020                          |                    | Y-ST-ZIP              | •   |                                   |  |
| CITY-ST-ZIP_                      | TSD   | ☐ DELETE                         | 2.1 TIT            | $\overline{}$         |   | ☐ Change                          | Addition   |
| ·                                 |   |                                  | 2.2 NA             |                       |   |                                   |  |
| NAME                              | HARTSFIELD, DENNIS W  | CTE 000                          | 4                  | l                     | •   |                                   | -  |
| STREET ADDRESS                    | 5557 W OAKLAND PARK BLVD,   | SIE 323                          |                    | REET ADDRESS          |   |                                   | 1  |
| CITY-ST-ZIP                       | FORT LAUDERDALE FL 33313  |                                  | -                  | TY-ST-ZIP             |   | Change                            | Addition   |
| TITLE                             | DELETE  |                                  | 3.1 TIT            |                       |   | ☐ Change                          | ,  |
| NAME                              |   |                                  | 3.2 NA             | ME                    |   |                                   |  |
| STREET ADDRESS                    |   |                                  | 3.3 ST             | REET ADDRESS          |   |                                   | ]  |
| CITY-ST-ZIP                       |   |                                  | 3.4. CI            | TY-ST-ZIP             |   |                                   |  |
| TITLE                             |   | ☐ DELETE                         | 4.1 TIT            | le 🗍                  |   | ☐ Change                          | Addition   |
| NAME                              |   |                                  | 4. 2 N             | WE .                  |   |                                   |  |
| STREET ADDRESS                    |   |                                  | 4.3 ST             | REET ADDRESS          |   |                                   | 1  |
| CITY-ST-ZIP                       |   |                                  | 4.4 CD             | Y-ST-ZIP              |   |                                   | 1  |
| TITLE                             |   | ☐ DELETE                         | 5.1 TIT            |                       |   | ☐ Change                          | ⊇  |
|                                   |   |                                  | 5.2 NA             | 1                     | ,   |                                   |  |
| NAME                              | 1   |                                  | 1                  | REET ADDRESS          |   |                                   | ļ  |
| STREET ADDRESS                    |   |                                  |                    | Y-ST-ZIP              |   |                                   |  |
| CITY-ST-ZIP_                      |   | ☐ DELETE                         | 6.1 TIT            |                       |   | Change                            | e  |
| TITLE                             | ~ ` <i>,</i>  |                                  | 6.2 NA             |                       |   |                                   |  |
| NAME                              |   |                                  |                    |                       |   |                                   | 1  |
| STREET ADDRESS                    |   |                                  | 1                  | REET ADDRESS          |   |                                   | ì  |
|                                   |   |                                  | 6.4 CIT            | Y-ST-ZIP              |   |                                   | 1  |

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 chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE**