PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENS OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000062924

NIOTHI	n Name				<u> </u>	DOCUMENT_2 _		
	x advertising & Graph							
Principal Place	e of Business	Mailing Address			l l			
1971 W. LUMSI	DEN ROAD .	1971 W. LUMSDEN RO	AD					
SUITE 172 SUITE 172 RRANDON FL 33511 BRANDON FL 33511					DO NOT WRITE IN THIS SPACE			
BRANDON FL 33511 BRANDON FL 33511					3. Date Incorporated or Qualifed			
					07/15/1998			
a Distant B	lace of Business	2a. Mailing Address	• • • • • • • • • • • • • • • • • • • •		4. FEI Number		Applied	or
 -	lace of business	26			59-3525	448 -	Not Appl	icable
Suite, Apt.	# etc	Suite, Apt. #, etc.			- O off of Change Control	□ \$8.	75 Additio	mal
22		27			5. Certificate of Status Desired	<u> </u>	ee Required	1
City & State		City & State			8. Election Campaign Financing	\$5	.00 May 6	3e
23		28	•		Trust Fund Contribution		ded to Fee	3
Zip	Country	Zip	Co	untry	8. This corporation owes the cu	ment year Intangible		
24	[25]	29	30		Personal Property Tax.		s DiNo	·
	9. Name and Address of Curre				10. Name and Address of New	Registered Agent		
		-		81 Name				ł
	iue, glen ,			62 Street A	ddress (P.O. Box Number is Not Accep	table)		
1	26 CORWIN STREET							
(GIBS	SONTON FL 33534			83				1
•	_			84 City		85	Zip Code	
1	•			1		FL I		
11 Pureuant	to the provisions of Sections 607.05	02 and 607,1508, Florida St	atules, the	sbove-named o	corporation submits this statement for the	e purpose of changi	ng its regist	ered
		* * - * * * * * · · · ·		d but the second	antino's board of dispetors. I hereby acc	on the appointment	as reatstert	ed l
office or n	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change wa attons of, Section 607.0505,	is authorize Florida Sta	d by the corpor	ration's board of directors. I hereby acc	ept the appointment	as registent	ed
Į.	egistered agent, or both, in the State m familiar with, and accept the oblig				corporation submits this statement for the ration's board of directors. I hereby account to the ration's board of directors.		as registert	xd
office or n agent. I a SIGNATURE	Signature, typed or printed name of registered ag	perit and title if applicable. (h	OTE: Registers	d Agent signature re	Quired when reinstating)	DATE		;
Į.	Signature, typed or printed name of registered ag-	perit and title if applicable. (NO DIRECTORS	OTE: Registers	d Agent signature re	•	DATE OFFICERS AND DIR	ECTORS IN	1 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	perit and title if applicable. (h	OTE: Registers 13	d Agent signature re-	Quired when reinstating)	DATE	ECTORS IN	;
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A D BOGUE, GLEN M	perit and title if applicable. (NO DIRECTORS	07E: Registers 13 1.11	d Agent signature re- TITLE	Quired when reinstating)	DATE OFFICERS AND DIR	ECTORS IN	1 12
SIGNATURE 12.	D BOGUE, GLEN M 11526 CORWIN STREET	perit and title if applicable. (NO DIRECTORS	07E: Registers 13 1.11 1.21 1.35	od Agent signature re- TITLE NAME STREET ADDRESS	Quired when reinstating)	DATE OFFICERS AND DIR	ECTORS IN	1 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D BOGUE, GLEN M	ent and title if applicable. (h ND DIRECTORS DELETE	13 1.11 1.21 1.35 1.40	od Agent eigneture te httle wame etreet address city.st.zip	Quired when reinstating)	DATE DEFICERS AND DIRI	ECTORS IN	f 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	D BOGUE, GLEN M 11526 CORWIN STREET	perit and title if applicable. (NO DIRECTORS	13 1.11 1.27 1.35 1.40	A Agent signature re- TITLE VAME BIREET ADDRESS CITY-ST-ZIP	Quired when reinstating)	DATE OFFICERS AND DIR	ECTORS IN	1 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUE, GLEN M 11526 CORWIN STREET	ent and title if applicable. (h ND DIRECTORS DELETE	13 1.11 1.21 1.35 1.40 2.11	Agent algrature to	Quired when reinstating)	DATE DEFICERS AND DIRI	ECTORS IN	f 12 Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BOGUE, GLEN M 11526 CORWIN STREET	ent and title if applicable. (h ND DIRECTORS DELETE	13 1.11 1.27 1.35 1.46 2.11 2.21 2.33	Agent algrature for the Agent algrature for the Address city. St. Zip TITLE NAME NAME STREET ADDRESS STREET ADDRESS	Quired when reinstating)	DATE DEFICERS AND DIRI	ECTORS IN	f 12 Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME: NAME:	D BOGUE, GLEN M 11526 CORWIN STREET	part and title If applicable. (ND DIRECTORS DELETE	13 1.11 1.21 1.35 1.40 2.11 2.21 2.33 2.4	Agent algrature to	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN	I 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME= STREET ADDRESS	D BOGUE, GLEN M 11526 CORWIN STREET	ent and title if applicable. (h ND DIRECTORS DELETE	OTE: Registers 13 1.11 121 1.35 1.40 2.11 221 233 2.4	Agent signature re- TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quired when reinstating)	DATE DEFICERS AND DIRI	ECTORS IN	f 12 Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUE, GLEN M 11526 CORWIN STREET	part and title If applicable. (ND DIRECTORS DELETE	0TE: Register 13 1.11 1.21 1.35 1.44 1.21 1.21 2.21 2.31 2.4 1.31 1.31 1.31 1.31 1.31 1.31 1.31 1.	Agent signature re- TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN	I 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BOGUE, GLEN M 11526 CORWIN STREET	part and title If applicable. (ND DIRECTORS DELETE	133 144 221 233 24 331 333 333 333 15 15 15 15 15 15 15 15 15 15 15 15 15	Agent signature for the street address city. St. Zip TITLE NAME STREET ADDRESS CITY. ST. Zip TITLE STREET ADDRESS CITY. ST. Zip TITLE STREET ADDRESS STREET ADDRESS	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN	I 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME= STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title If applicable. (ND DIRECTORS DELETE DELETE DELETE	07E: Register 13 1.11 1.27 1.36 1.44 1.21 2.21 2.31 2.4 3.31 3.33 3.4	Agent signature for the Agent signature for the street adoress city. St. Zip	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN	4 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BOGUE, GLEN M 11526 CORWIN STREET	part and title If applicable. (ND DIRECTORS DELETE	133 144 111 324 333 344 411	Agent signature for the Agent signature for the	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN	I 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title If applicable. (ND DIRECTORS DELETE DELETE DELETE	133 144 131 321 331 344 411 4.2	Agent signature for the signat	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN	4 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME= STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title If applicable. (ND DIRECTORS DELETE DELETE DELETE	133 144 131 321 333 344 433 443 433 443 433 144 433 443 44	Agent signature for the street adoress city. St. Zip title street adoress	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN	4 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME= STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	133 144 11 4.2 433 444	Agent algress to TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN ange an	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title If applicable. (ND DIRECTORS DELETE DELETE DELETE	133 144 15 141 4.2 4.33 4.44 15 5.51	Agent algrature for the Agent algrature for the street adoress city. St. Zip ittle	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN ange an	4 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	133 144 15 15 15 15 15 15 15 15 15 15 15 15 15	Agent signature for the Agent signature for the site of the site o	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN ange an	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	133 1.11 1.21 1.32 1.32 1.33 1.34 1.33 1.34 1.33 1.34 1.34 1.34	Agent algrature to TITLE	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ECTORS IN ange an	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title if applicable. (ND DIRECTORS DELETE DELETE DELETE DELETE	133 1.11 1.21 1.32 1.32 1.33 1.34 1.33 1.34 1.33 1.34 1.34 1.34	MARIE ADDRESS CITY-ST-ZIP TITLE WAME BIREET ADDRESS CITY-ST-ZIP TITLE WAME CORPSS CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP	Quired when reinstating)	CATE DEFICERS AND DIR Ch	ectors in ange	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D BOGUE, GLEN M 11526 CORWIN STREET	pert and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	133 144 15 15 15 15 15 15 15 15 15 15 15 15 15	Agent algrature to TITLE	Quired when reinstating)	CATE DEFICERS AND DIRI Ch	ectors in ange	Addition Addition

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 corporator of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

84 CITY-ST-ZIP

STREET ADDRESS

FEI #: 59-3525448

May 03, 1999 8:00 am Secretary of State 05-03-1999 90004 010 ***150.00