

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90166 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000104499

1. Corporation Name
F D ADVERTISING, INC.



Principal Place of Business 5334 CENTRAL FLORIDA PKWY.,STE.171 ORLANDO FL 32821	Mailing Address 5334 CENTRAL FLORIDA PKWY.,STE.171 ORLANDO FL 32821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5334 CENTRAL FLORIDA PKWY Suite, Apt. #, etc. PMB # 171 City & State ORLANDO, FL		2a. Mailing Address 26 5334 CENTRAL FLORIDA PKWY Suite, Apt. #, etc. PMB # 171 City & State ORLANDO, FL		3. Date Incorporated or Qualified 12/15/1998	
22 ORLANDO, FL Zip 32821 Country USA		27 ORLANDO, FL Zip 32821 Country USA		4. FEI Number 59-3548523	
23 ORLANDO, FL		28 ORLANDO, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32821 25 USA		29 32821 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent D'ANGELO, FRANCESCO 5334 CENTRAL FLORIDA PKWY.,STE.171 ORLANDO FL 32821		10. Name and Address of New Registered Agent 81 Name D'ANGELO FRANCESCO 82 Street Address (P.O. Box Number is Not Acceptable) 5753 DELANO LANE 83 84 City ORLANDO FL 85 Zip Code 32821	
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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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **D'ANGELO FRANCESCO D'ANGELO PRESIDENT** DATE **4/17/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P
NAME	D'ANGELO, FRANCESCO	1.2 NAME	D'ANGELO FRANCESCO
STREET ADDRESS	5334 CENTRAL FLORIDA PKWY.,STE.171	1.3 STREET ADDRESS	5753 DELANO LANE
CITY-ST-ZIP	ORLANDO FL 32821	1.4 CITY-ST-ZIP	ORLANDO, FL 32821
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **D'ANGELO FRANCESCO D'ANGELO** DATE **4/17/99** DAYTIME PHONE # **(407) 238-1748**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)