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

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 16 1997 8:00am **PROFIT** £LORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS (8) DOCUMENT # **S0090**0 JGB ADVERTISING, INC. Mailing Address Principal Place of Business 389 NW 95TH AVENUE 389 NW 95TH AVENUE PLANTATION FL 33324 PLANTATION FL 33324-7234 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1990 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0217161 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 Yes Yes 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BETHAVAS, JANA S. 389 NW 95TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE DELETE BETHAVAS, JANA S. NAME 1.2 NAME 389 NW 95TH AVENUE STREET ADDRESS 13 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 14 CITY-ST-ZiP DELETE Change Addition TITLE 2.1.111LE PODLISH, JULIETTE 389 NW 95TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3 1 11111 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY- \$1 - ZIP DELETE Addition Change TITLE 4.1 TillE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- 7IP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5.1 THLE 52 NAME NAME STREET ADDRESS 5.3 STRUET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELFTE Change Addition 6.1 THE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY: ST-ZIP 14. I do 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 trusted 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.

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