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**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S02750 (5)

1. Corporation Name
8000 ADVERTISING, INC.



Principal Place of Business 8000 N. FEDERAL HWY. BOCA RATON FL 33487 US	Mailing Address 8000 N. FEDERAL HWY. BOCA RATON FL 33487-1620 US
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3. Date Incorporated or Qualified 09/14/1990	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0218863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1144 E. Newport Center Drive Suite, Apt. #, etc.	26 1144 E. Newport Center Drive Suite, Apt. #, etc.
22 City & State Deerfield Beach FL	27 City & State Deerfield Beach FL
23 Zip 33442	29 Zip 33442
24 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

**LEFCORT, ROBERT A.
8000 N. FEDERAL HIGHWAY
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name Robert A. Lefcort
82 Street Address (P.O. Box Number is Not Acceptable) 1144 E. Newport Center Drive
83 City Deerfield Beach FL
84 Zip Code 33442

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURRELL, PAUL M.	
STREET ADDRESS	5200 GODFREY ROAD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHUBERT, LARRY H.	
STREET ADDRESS	7500 FENWICK PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	SCHUBERT, ALAN E.	
STREET ADDRESS	305 N. VICTORIA PARK RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORELLI, LOUIS A.	
STREET ADDRESS	1807 BELTER COURT	
CITY-ST-ZIP	GENEVA IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEFCORT, ROBERT A.	
STREET ADDRESS	3069 NW 25TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1144 E. Newport Center Drive	
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert E. Tomlinson	
3.3 STREET ADDRESS	1144 E. Newport Center Drive	
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Hinz	
4.3 STREET ADDRESS	1144 E. Newport Center Drive	
4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
5.1 TITLE	President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1144 E. Newport Center Drive	
5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 in an attachment with an address.

SIGNATURE: Paul M. Burrell 1/9/97 (954) 418-6428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)