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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

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



2. Principal Place of Business
21 1144 E. Newport Center Drive
Suite, Apt. #, etc.
22
City & State
23 Deerfield Beach FL
Zip Country
24 33442 25 USA
2a. Mailing Address
26 1144 E. Newport Center Drive
Suite, Apt. #, etc.
27
City & State
28 Deerfield Beach FL
Zip Country
29 33442 30 USA

3. Date Incorporated or Qualified
09/14/1990
3a. Date of Last Report
04/12/1996
4. FEI Number
65-0218863
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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
84 City
Deerfield Beach FL
85 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	POMPAHO 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 Hine	
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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

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