PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 033 ***158.75

DOCU	MENT # S29009			\		
	OVERTISING, INC.					
Principal Plac	e of Business	Mailing Address		- I TERNITE DIE NIE DEN BEN BENE BENE BENE	di Bibil Bibil Bibil Bi	1811 91911 1961
3848 W COLUR	MBUS DR -	5848 W COLUMBUS OR		†		
TAMPA PL 336	07-	TAMPA PL 33607		DO NOT WRITE IN THE	IIC CDACE	
JS		US		3. Date Incorporated or Qualifed	113 SFACE	
	1	. /	•	01/23/1991		
2. Principal E	Place of Brainess	2a. Majiring Address	non du	4. FEI Number	Apr	plied For
<u> </u>	WAGINEAGOIL	(26) X(XX) (1) (1)	1114DU 1900	2 59-3053049		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	/	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	te ,	City & State		6. Election Campaign Financing	\$5.00	
/H/L	10a F	28 KIMDA	<i>F</i> /	Trust Fund Contribution	Added to	
Zin つ/	Country	22/50	Country	8. This corporation owes the current year		~
2200	7 25 73	_ 	0 U.S.	Personal Property Tax.		□No
	6. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	au Agent	
LIRO	OT, LUKE CHARLES					
2000 MAGNOLIA DRIVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 34624		83	·		
			94 65.		85 Zip C	`ade
			84 City	F	EL 85 Zip C	,bue
SIGNATURE	am familiar with, and accept the obligat	and title if applicable (NOTE: R	egistered Agent signature require			
12	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12 Addition
TITLE	D D	□ DELETE	1.1 TITLE		□ cusiide	Addition
NAME	REDNER, JOE 2040 N DALE MABRY		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS CIT: ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			
IIILE	TAM A 12	☐ DELETE	2.1 TITLE		☐ Change	Addition
_			2.2 NAME			
AUDRESS			2.3 STREET ADDRESS	•		
. st zie			2. 4 CITY-ST-ZIP			
IIILE		☐ DELETE	3.1 TITLE		Change	Addition
			3.2 NAME	·	• -	-
HHEE! ADDRESS	!		3.3 STREET ADDRESS			ļ
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- _r address			4.3 STREET ADDRESS			
· · ST-ZIP			4.4 CITY-ST-ZIP		•	
		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
-			5.2 NAME	· .		
· :::: AUDRESS			5.3 STREET ADDRESS	•		}
··· ST-ZIP			5.4 C/TY-ST-Z/P			
		☐ DELETE	6.1 TITLE		Change	Addition
			6.2 NAME			
···· I ADDRESS	į		6.3 STREET ADDRESS			,

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 armset 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.

6.4 CITY-ST-ZIP

- ATURE:

ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR