## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if

**PROFIT** Sep 15 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # \$32218 SCHLESINGER ADVERTISING, INC. Principal Place of Business Mailing Address 2400 TAMIAMI TRAIL NORTH 2400 TAMIAMI TRAIL NORTH **SUITE 470** Suite 470 NAPLES FL 33940 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 02/18/1991 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 900 SIXTH AUS SO 65-0251225 900 SIXTH HUR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired #103 #103 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing NAPLES APLES Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 34102 34 30 Collier 24 25 COLLIGR 29 Personal Property Tax due June 30. 🔛 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCHLESINGER, JEFF 2400 TAMIAMI TRAIL NORTH 82 SUITE 470 83 NAPLES FL 33940 Zip Code 3410 2 NAPUUS 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVS**1 DELETE TITLE 1.1 TITLE Change Addition SCHLESINGER, JEFF 1.2 NAME 5801 26TH AVE. S.W. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33999 CITY-ST-ZIP 1.4 CITY-ST-ZIP SD DELETE TITLE 2.1 TITLE ☐ Change \_\_\_ Addition YOUMANS, KIM NAME 1735 BRANTLEY RD. 2416 STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change noitibtA \_\_\_\_ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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

**FILED**