

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S32218

1. Corporation Name
SCHLESINGER ADVERTISING, INC.

Principal Place of Business

900 SIXTH AVE S
103
NAPLES FL 34102
US

Mailing Address

900 SIXTH AVE S
103
NAPLES FL 34102
US

2. Principal Place of Business

21. *No change*
Suite, Apt. #, etc

22. City & State

23. Zip Country

24. [25]

2a. Mailing Address

26. *No change*
Suite, Apt. #, etc

27. City & State

28. Zip Country

29. [30]

9. Name and Address of Current Registered Agent

SCHLESINGER, JEFF
900 SIXTH AVE S
103
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1991

4. FEI Number

65-0251225

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 owes the current year Intangible
Personal Property Tax.

[X] Yes [] No

10. Name and Address of New Registered Agent

81. Name

Same as #9

82. Street Address (P.O. Box Number is Not Acceptable)

000003006060--2

83.

-10/05/99--01084--007

84. City

****550.00 ****550.00
FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

No CHANGE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE

PVST
SCHLESINGER, JEFF
5801 28TH AVE. S.W.
NAPLES FL 33999

12. STREET ADDRESS

13. CITY-STATE-ZIP

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-STATE-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-STATE-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-STATE-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-STATE-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-STATE-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-STATE-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY-STATE-ZIP

43. TITLE

44. NAME

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/99

0454325

CR2E034 (1/1/98)