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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 12 1998 8:00am Secretary of State

1. Corporation Name  ENSEMBLE 4OR ADVERTISING, CO	(2) RP.		
Principal Place of Business	Mailing Address		- reast Attor Color Color Labra Liber Hett ares grent Attor ares prest plats 61911 61911 1981
915 MIDDLE RIVER DRIVE	915 MIDDLE RIVER DR.		
#404 FT, LAUDERDALE FL 33304	#404 FT. LAUDERDALE FL 33	1204	DO NOT WRITE IN THIS SPACE
US	US		3. Date Incorporated or Qualified
			01/16/1992
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		65-0320888 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22 City & State	Cily & State		Fee Required
23	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Z(p)	Country	This corporation owes or has paid the current year Intangible
24 25	29	30	Personal Properly Tax due June 30.  Yes No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent
FORSYTH, JOHN H.		81 Name	John Forsyth
3418 N OCEAN BLVD		82 Street	Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33308		83	middle liver Drive, Buite 404
. 20		83	•
		84 Cily	auderdale FL 85 Zip Codey
44 Buseward to the provisions of Sections 607 (602)	and 607 1508 Florida Statu	the the above named	
office or rogistered agent, or both, in the State of agent. I am familiar with, and accept the obligate	Florida Such change was hins of, Section 607.0505, F	authorized by the corplorida Statutes.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
Signature Signature, type: For printed name of registered agent.	and talle it south cable (NC)	TE: Registered Agent signature	required when reinstating) DATE
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PST	DELETE	1.1 TITLE	PST Addition
NAME FORSYTH, JOHN H.		1.2 NAME	Forsyth, John Hi
STREET ADDRESS 3200 NE 14 ST CSWY		1.3 STREET ADDRESS	915 middle River Dr. W. Swite 404
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY - ST - ZIP	Ft. Lawderdair, Fi. 33804
TITLE D	☐ DELETE	2.1 TITLE	Change Addition
HAME FORSYTH, JOHN H.		2.2 NAME	Forsyth, John H. AIS middle Piwer aive Suite 404 Ft. Landerdale, Fi. 33304
STREET ADDRESS 3200 NE 14 ST CSWY CITY-ST-ZIP POMPANO BEACH FL		2.3 STREFT ADDRESS	415 middle kiver trive swite 404
<del></del>	DELETE	2. 4 CITY - ST - ZIP	Tt. Lauderdale, Fl. 33309 Change Addition
I TITLE	[ ] DELETE	3.1 TITLE 3.2 NAME	La Griange La Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. City-St-Zip	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME	•	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
City-St-ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	The same of	5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 THTLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZUP		6.4 CITY - ST - ZIP	

ing for the exemplor state in Section 113.05(f), Florida Statutes. Thinkin Ceiting that the informatic accurate and that my signature shall have the same legal effect as if made under oath; that I am an d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

28/10/1998 (954) 25-1434