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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**

DOCU	MENT # V07214				ļ					
1. Corporation Name ENSEMBLE 4OR ADVERTISING, CORP.										
LITOLITIO	LE TON NOTENNIONA, CO	•••					I IIIII eii i eii i eii i			
			-							
Principal Place of Business Mailing Address										
915 MIDDLE RIVER DRIVE 915 MIDDLE RIVER DR.										
#404 FT. Lauderdale FL 33304		FT. LAUDERDALE FL 33304				DO NOT WRITE IN THIS SPACE				
US		US			<u> </u>	 Date Incorporated or Qualife 	ed			
						01/16/1992				
2. Principal Pl	ace of Business	2a. Mailing Address			- 7	4. FEI Number			olied For	
21		26			65-0320888			Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- f,	5. Certifcate of Status Desired		\$8.75 A			
22		City & State						-		
City & State	9 .				1 9	Election Campaign Financin Trust Fund Contribution	a 🗀	\$5.00 i Added to	, ,	
23 } <i>Z</i> ip	Country	Zip Country			-	8. This corporation owes the co	urrent vear In			
24	25	<u> </u>	30			Personal Property Tax.				
<u></u> ,	9. Name and Address of Curren				1	0. Name and Address of Nev	w Registered	Agent		
			8	1 Name						
FORSYTH, JOHN			8:	2 Street	Address	Address (P.O. Box Number is Not Acceptable)				
915 MIDDLE RIVER DRIVE							<u> </u>			
SUITE 404			8	3						
FT. LAUDERDALE FL 33304			8-	4 City				85 Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				بنط			FL			
-#:	intered examt or both in the State	of Elorida. Such change was all	thorized h	v the com	corporation's	ion submits this statement for to board of directors. I hereby ac	ne purpose of cept the appo	cnanging its i intment as rec	registered gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statute	s.		•		* .Ji	```	
SIGNATURE		ANOTE S	Desistered &s	ent alamatum	required whe	en reinstating)	DATE		{	
Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS			13.	en agnatura	100011111	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12	
TITLE	PST	DELETE	1.1 TITLE		Τ			Change	Addition	
NAME	FORSYTH, JOHN H.		1.2 NAME	:						
STREET ADDRESS	AND THE PARTY PROPERTY AND THE PARTY AND THE		1.3 STREET ADDRESS		i				{	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4 CITY- ST- ZIP							
TITLE	D DELETE 2.1		2.1 TITLE					Change	☐ Addition	
NAME.	FORSYTH, JOHN H. 22		2.2 NAME	i.					-	
STREET ADDRESS 915M IDDLE RIVER DRIVE, SUITE 404			2.3 STREET ADDRESS							
CITY-ST-ZIP	FT LAUDERDALE FL 33304		2.4 CITY		↓		<u> </u>	Channa	Addition	
TITLE	-		3.1 TITLE			··•		Change	L Audition	
NAME			3.2 NAME		- ·	· · · · · · · · · · · · · · · · · · ·	_		l	
STREET ADDRESS				ET ADORESS	1					
CITY-ST-ZIP		DELETE	3.4. CITY		+			Change	Addition	
TITLE			4.1 IIILE		1					
NAME				- et address	.					
STREET ADDRESS			4.4 CITY-							
CITY-ST-ZIP TITLE			5.1 TITLE		 			Change	☐ Addition	
NAME		_	5.2 NAME							
STREET ADDRESS			5.3 STRE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>					
TITLE		DELETE	6.1 TITLE	****				Change	☐ Addition	
NAME			6.2 NAME			•			ĺ	
STREET ADDRESS			6.3 STRE	et address	·[•			}	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	1	•				

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 suppliemental 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 society of 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 or par attention with an address, with all other like empowered.

SIGNATURE: