

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MOYER
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V26469** (9)

(1. Corporation Name)

ADVERTISING & TOURIST MARKETING, INC.

95 MAY -1 11 1:18

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business: **1581 GULF BLVD.
SUITE 405
CLEARWATER FL 34630**

Mailing Address: **P. O. BOX 3186
SUITE 405
CLEARWATER FL 34630
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3115679	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 has liability for intangible tax under § 199.032, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Country	28. Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SCOURTAS, LOUIS C
617 CLEVELAND ST
SUITE 22
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. I, the undersigned, the person in charge of the business operations of the above named corporation, hereby accept the appointment as registered agent 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 understand the obligations of a registered agent under Florida Statutes.

SIGNATURE

(Signature of the person in charge of the business operations of the corporation)

(Signature of the person in charge of the business operations of the corporation)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D. ABBASSI, BEATE- 1501 GULF BLVD., STE 405 CLEARWATER FL	1. TITLE D.	1. NAME SCHALLER, ERNST D. 601 CLEVELAND ST CLEARWATER, FL 34615	1. TITLE D.
2. NAME	2. TITLE	2. NAME	2. TITLE
3. NAME	3. TITLE	3. NAME	3. TITLE
4. NAME	4. TITLE	4. NAME	4. TITLE
5. NAME	5. TITLE	5. NAME	5. TITLE
6. NAME	6. TITLE	6. NAME	6. TITLE
7. NAME	7. TITLE	7. NAME	7. TITLE
8. NAME	8. TITLE	8. NAME	8. TITLE
9. NAME	9. TITLE	9. NAME	9. TITLE
10. NAME	10. TITLE	10. NAME	10. TITLE
11. NAME	11. TITLE	11. NAME	11. TITLE
12. NAME	12. TITLE	12. NAME	12. TITLE
13. NAME	13. TITLE	13. NAME	13. TITLE
14. NAME	14. TITLE	14. NAME	14. TITLE
15. NAME	15. TITLE	15. NAME	15. TITLE
16. NAME	16. TITLE	16. NAME	16. TITLE
17. NAME	17. TITLE	17. NAME	17. TITLE
18. NAME	18. TITLE	18. NAME	18. TITLE
19. NAME	19. TITLE	19. NAME	19. TITLE
20. NAME	20. TITLE	20. NAME	20. TITLE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 any modification or change of the corporation or the receiver or trustee empowered to make this report as required by Chapter 440, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an affidavit filed with an address.

SIGNATURE: *[Signature]* **ERNST D. SCHALLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-449-2837