## 7-8-97 B-7936 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V29650

(1)

EAST COAST ADVERTISING, INC.

## **FILED** Jul 08 1997 8:00am Secretary of State

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Principal Pla 5252 SUNSET MIAMI FL 331										
						3. Date incorporated or Qualified 04/20/1992	3a. Date of La 02/01/199	ist Report		
2. Principal 21	2a. Mailing Address 26	ng Address			4. FEI Number Applied F. 65-0345266 Not Applie					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	City & State			5. Certificate of Status Desired See Required  6. Election Campaign Financing Trust Fund Contribution See Added to Fees				
City & Sta	ale	}								
Zip 24	Country 25	7ıp	30 Cou	intry	· · · · · · · · · · · · · · · · · · ·		Yes No	ler s. 199.0	032,	
<del></del>	g. Name and Address of Cur	rent Registered Agent	· · · · · · · · · · · · · · · · · · ·	04		10. Name and Address of New Re	gistered Agent			
	INCOCK, EUGENE A			81	Name				ļ	
5252 SUNSET DRIVE MIAMI FL 33143				82	Street Addi	eol Address (P.O. Box Number is Not Acceptable)				
	-			83	- <del> </del>					
				84	City		FL 85	Zip Code		
11. Pursuan office or agent I SIGNATURE	am familier with, and accept the ob	oligations of, Section 607.0505, I	Florida Stal	tutes	3.	oration submits this statement for the pion's board of directors. I heroby acception's	urpose of changi at the appointmen	ng its regist	istered tered	
	Signature, typed or printed name of registered			d Age	ed signature requi	ed when tenstiding)	DATE	+00011		
12.	DEFICERS.	AND DIRECTORS  DELETE	13.	116	<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		12 Addilion	
NAME	HANCOCK, PEGGY O.	L with	1.2 N		}		<u></u> 0/18/	ست ستا ا	,	
STREET ADDRESS	PARA CLINICET OD				AUDRESS			ì	ł	
CITY-ST-ZIP	MIAMI FL				1 - 71P			•		
TITLE	V	DELETE	2.1 1		<del></del>		Chai	nge 🔲	Addition	
NAME	HANCOCK, EUGENE A., JR		2 2 N	AME:					Ì	
STREET ADDRESS	5252 SUNSET DR.		2.3 S	1 HEET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		2 4 0	ITY - S	ST - 71P					
TITLE		DEFEIF	311				Chai	nge 🔲 7	Addition	
NAME			3.2 N							
STREET ADDRESS	3		. 1		ADDRESS				j	
CITY-ST-ZIP TITLE		DELETE	3.4. C		S1 - 7:P		Cha	nge 🗖	Addition	
NAME	}	□ perce	4.21					An I'I'	raulium	
STREET ADORESS	<u>,                                    </u>				ADDRESS					
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TITLE		DELETE	5111				☐ Cha.	nge 🔲	Addition	
NAME			5.2 N	AME					j	
STREET ADDRESS	s		538	TREET	ADDRESS				}	
CITY-ST-ZIP			5,4 CI	ITY · S	1 - ZIP					
TITLE		DELETE	81 T	TLE			☐ Chai	nge 🔲	Addition	
NAME			62 N	AME	Ì				ĺ	
STREET ADDRESS	5		6.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP			6.4 CI	1Y-S	T-ZIP					

14. To 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 of the receiver or trusted 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 of on an addictional report as required by Chapter 607, Florida Statutes; and that my name

7/2 67 305-667-0302