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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ļ	1997	de Inch	DIVISION OF CORPORATIONS] Secretary of State				
	MENT # V599(ADVERTISING, INC.	64	(9)			*****				
Principal Place of Business 2633 LANTANA RD. HANGAR 304			Mailing Address 3202 Karen Dr. Delray BCH. Fl. 33483-6206			- L 1881 QUIDOL DUILO FOLIA 18716 BILLI GIDI 	OHUFE DEDII UIUI	,)	
LANTANA FL S US	33462	US					3. Date Incorporated or Qualified 08/10/1992		of Last Re	eport
}ı	Place of Business	├ -¬	iling Address				4. FEI Number	1	Ap	plied For
Suite, Apt	#, etc	26 Sui	te, Apt. #, etc.				65-0360553		\$8.75 A	t Applicable
22		27			·		5. Certificate of Status Desired		Fee Re	
City & Stat	le	28 City	/ & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip		Count	try	***************************************	8. This corporation has liability for i			
24	9. Name and Address of Cu	29		30	-		Florida Statutes 10. Name and Address of New Re	Yes		
SMI	TH, L. C.	ittetit nagistere	u Agent	ē	1 Name	e	10. Haille BIIG AGGIBBS OF HEW NE	Justelen WA	, 0111	
263	3 LANTANA RD.			8	2 Stree	t Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	NGAR 304 LN] [8						
LAN	ITANA FL 33462									
		DA	A LCS	ا لاـ	4 City			FL	85 Zip (
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the	0502 and 607.1	508. Florida Statutes	the abo	ove-name	d corpo	oration submits this statement for the pon's board of directors. I hereby accep	urpose of cl	hanging it	s registered
agent. La	em familiar with, and accept the	bligations of Se	ctios 607.0505, Flor	da Statut	les.		Sire Board of directors. Prioresty about	-1		
SIGNATURE	Signalure, typed or printed name of registim	ed agent and little if app	cable. (NOTE	Flegislered A	Agent signatu	ire require	d when reinstating)	DATE	5/7	
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	PS SMITH, LESTER C		DELETE	1.1 T/TL/ 1.2 NAM				L	Change	Addition
STREET ADORESS	3202 KAREN DRIVE				ET ADDRESS	;				
CHY-SI-7#	DELRAY BEACH FL			1.4 CITY	-ST-ZIP	<u> </u>				
THE	CNUTH CAVIE		DELETE	2.1 1111				С	Change	Addition
NAME STREET ADDRESS	SMITH, GAYLE 3202 KAREN DRIVE			2.2 NAM 2.3 STRE	ie Eet address					
CIEY-S1-ZiP	DELRAY BEACH FL			1	r-ST-ZIP		·			
TITLE			DELETE	3 1 TITLI	E				Change	Addition
NAME CONTEST TO LOCALIST				3.2 NAM						
STREET ADDRESS				•	EET ADDRESS Y-ST-ZIP	`				
THE			DELETE	4.1 TITU					Change	Addition
NAME				4. 2 NAN						
STREET ADDRESS					ET ADDRESS	5				
TITLE			DELETE	5.1 TITU	- ST- ZIP E				Change	Addition
NAME				5.2 NAM					•	
STREET ADDRESS				5.3 STAI	EET ADDRESS	s				ſ
CITY - ST - Z.P		· · · · · · · · · · · · · · · · · · ·	☐ DELETE		-ST-ZIP			·	Change	☐ Addition
NAME.			☐ orrest	6.1 TITLI 6.2 NAM					_ change	LI Addition
STREET ADDRESS					ic Eet address	; }				ĺ
City SL 20	1				- St - 71P					

14. I do 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

SIGNATURE:

May 12 1997 8:00am

Secretary of State