

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

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K64695

(5)

1. Corporation Name  
ALTMAN OUTDOOR, INC.



Principal Place of Business

Mailing Address

7425 US 19  
~~607E-100~~  
NEWPORT RICHEY FL 34652  
US

~~7425 US 19~~  
~~607E-100~~  
~~NEWPORT RICHEY FL 34652-1240~~  
US

3. Date Incorporated or Qualified  
02/03/1989

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

21 7425 US 19  
Suite, Apt. #, etc.

22 City & State  
Newport Richey, FL

23 Zip 34652 Country US

24

2a. Mailing Address

26 572 S. Greer  
Suite, Apt. #, etc.

27 City & State  
Memphis, Tenn

28 Zip 38111 Country US

29 30

4. FEI Number

50-2931166

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 s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRILL, JAMES BENJAMIN  
~~8400 MASSACHUSETTS AVE~~ 2435 US 19 N.  
~~STE B-1~~ STE 350  
~~NEWPORT RICHEY FL 34654~~ Holiday, FL 34691

10. Name and Address of New Registered Agent

81 Name Same  
82 Street Address (P.O. Box Number is Not Acceptable)  
2435 US 19 N.  
83 Ste. 350  
84 City Holiday FL 85 Zip Code 34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALTMAN, SHIRLEY, A	
STREET ADDRESS	7604 GRAND BLVD	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALTMAN SHIRLEY A.	
1.3 STREET ADDRESS	572 S. Greer	
1.4 CITY - ST - ZIP	Memphis, Tenn, 38111	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COBURN, SHIRLEY KAY	
2.3 STREET ADDRESS	572 S. Greer	
2.4 CITY - ST - ZIP	Memphis, Tenn, 38111	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Shirley A. Altman Shirley A. Altman

1-13-97 901-458-5941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)