

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L18717 (3)**  
1. Corporation Name  
**EXCEPTIONAL OUTDOOR, INC.**



Principal Place of Business: **P. O. BOX 601161 NORTH MIAMI BEACH FL 33160**  
Mailing Address: **P. O. BOX 601161 NORTH MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified: **09/25/1989**  
3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **65-0146008**  
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

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

9. Name and Address of Current Registered Agent  
**REDMAN, ROBERT J.  
2310 N.E. 183RD TERRACE  
SUITE 404  
MIAMI FL 33160**

10. Name and Address of New Registered Agent  
81 Name: **GOLDMAN, BRUCE J.**  
82 Street Address (P.O. Box Number is Not Acceptable): **2701 LE JEUNE RD., SUITE 404**  
83  
84 City: **CORAL GABLES** FL 85 Zip Code: **33134**

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: *Bruce J. Goldman* **Bruce J. Goldman** **3/27/96**  
Signature, typed or printed name of registered agent, and fee, if applicable. (NOTE: Registered Agent signature required when registering.) OAT:

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REDMAN, ROBERT J.	
STREET ADDRESS	14951 N.E. 6TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEGG, ELMO T.	
STREET ADDRESS	14951 N.E. 6TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, JOY	
STREET ADDRESS	14951 N.E. 6TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COOPER, ROY	
3.3 STREET ADDRESS	14951 N.E. 6TH AVENUE	
3.4 CITY-ST-ZIP	MIAMI FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert J. Redman* **Robert J. Redman** **March 27, 1996** **305 947-1973**  
Signature and typed or printed name of signing officer or director. Date. (Typed Name)

CR2E034 (12/95)