

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000059386 (0)**

1. Corporation Name

OVER-THE-ROAD ADVERTISING, INC.



Principal Place of Business

Mailing Address

14155 US HIGHWAY ONE
SUITE 304
JUNO BEACH FL 33408
US

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SUITE 304
JUNO BEACH FL 33408
US

3. Date Incorporated or Qualified
08/05/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0520393

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

10. Name and Address of New Registered Agent

THOMAS, THOMAS J
14155 US HWY ONE
SUITE 304
JUNO BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBE, JOHN	
STREET ADDRESS	63014 BARTERS ISLAND	
CITY-ST-ZIP	BOOTHBAY ME	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SCHOEPF, ROBERT H	
STREET ADDRESS	3003 S CONGRESS AVENUE SUITE 2F	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	THOMAS, THOMAS J.	
STREET ADDRESS	14155 US HWY ONE SUITE 304	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MAXWELL, WILLIAM R.	
STREET ADDRESS	4543 STOW ROAD	
CITY-ST-ZIP	STOW OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DRIZIN, JEROME	
STREET ADDRESS	1940 W BAY DRIVE SUITE 4	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, CLIFFORD C.	
STREET ADDRESS	3211 SW 42ND STREET	
CITY-ST-ZIP	OCALA FL	

1 1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	SCHOEPF, ROBERT H	
1 3 STREET ADDRESS	15660 21ST TERRACE NORTH	
1 4 CITY-ST-ZIP	JUPITER, FL 33478	
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		<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 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 H. Schoepf* **ROBERT H. Schoepf** Pres. **5/01/96** 407-744-0147

CP2E034 (12/95)