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Apr 29 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 # P94000059386 (0)

1. Corporation Name
OVER-THE-ROAD ADVERTISING, INC.



Principal Place of Business
14155 US HIGHWAY ONEE
SUITE 304
JUNO BEACH FL 33408
US

Mailing Address
14155 US HIGHWAY ONE
SUITE 304
JUNO BEACH FL 33408-1442
US

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
THOMAS, THOMAS J
14155 US HWY ONE
SUITE 304
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 registering) DATE _____

12. OFFICERS AND DIRECTORS		
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	15860-121ST TERRACE N	
CITY-ST-ZIP	JUPITER 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	

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		<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 _____ DATE 4-27-97

CR2E034 (9/96)