

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000059386 (0)**  
 1. Corporation Name  
**OVER-THE-ROAD ADVERTISING, INC.**



Principal Place of Business <b>14155 US HIGHWAY ONEE                  SUITE 304                  JUNO BEACH FL 33408                  US</b>	Mailing Address <b>14155 US HIGHWAY ONE                  SUITE 304                  JUNO BEACH FL 33408                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/05/1994</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0520393</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THOMAS, THOMAS J                  14155 US HWY ONE                  SUITE 304                  JUNO BEACH FL 33408</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBE, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>63014 BARTERS ISLAND</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOOTHBAY ME</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOEPF, ROBERT H</b>	2.2 NAME	
STREET ADDRESS	<b>15680-121ST TERRACE N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, THOMAS J.</b>	3.2 NAME	
STREET ADDRESS	<b>14155 US HWY ONE SUITE 304</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAXWELL, WILLIAM R.</b>	4.2 NAME	
STREET ADDRESS	<b>4543 STOW ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STOW OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRIZIN, JEROME</b>	5.2 NAME	
STREET ADDRESS	<b>1940 W BAY DRIVE SUITE 4</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, CLIFFORD C.</b>	6.2 NAME	
STREET ADDRESS	<b>3211 SW 42ND STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	6.4 CITY-ST-ZIP	

14. I 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: *Robert H. Schoepf* 501-98 352-402-9950

CR2E034 (10/97)