

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90124 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000059386

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 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1994

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

4. FEI Number 65-0520393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	15660-121ST 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	86 TOWNSEND AVENUE
1.4 CITY-ST-ZIP	BOOTHBAY HARBOR ME
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2677 NW 10TH STREET SUITE 1A
2.4 CITY-ST-ZIP	OCALA FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	801 W BAY DRIVE SUITE 428
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 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, with all other like empowered.

SIGNATURE: Thomas J. Thomas SECRETARY 4-28-99 561-7759155
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)