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May 28 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 # 379677 (8)

1. Corporation Name:
OUT-OF-SIGHT, INC.



Principal Place of Business Mailing Address
802 42ND AVE S 802 42ND AVE S
ST PETERSBURG FL 33705 ST PETERSBURG FL 33705-4402
US US

3. Date Incorporated or Qualified 03/31/1971 3a. Date of Last Report 02/20/1996

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

4. FEI Number 59-1349988 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

SIMMONS, F.N.
802 42ND AVENUE SOUTH
ST. PETERSBURG FL 33705

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | TP | 1.1 TITLE | |
| NAME | SIMMONS, FREDERICK N | 1.2 NAME | |
| STREET ADDRESS | 802 42ND AVE, S | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG, FL 00000 | 1.4 CITY - ST - ZIP | |
| TITLE | S | 2.1 TITLE | |
| NAME | SIMMONS, ROSEMARY L | 2.2 NAME | |
| STREET ADDRESS | 802 42ND AVE. SOUTH | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL | 2.4 CITY - ST - ZIP | |
| TITLE | VP | 3.1 TITLE | |
| NAME | SIMMONS, MATTHEW B | 3.2 NAME | |
| STREET ADDRESS | 4220 8TH ST S | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0074222

CR2E034 (9/96)