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

SIGNATURE:

Apr 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name 560305 (5)BUS ADVERTISING CO., INC. Principal Place of Business Mailing Address 706 NW 73RD TERRACE 705 NW 73RD TERRACE MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1978 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 26 Not Applicable 59-1841618 Suite, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zip Country Country Ζıρ 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes Yes 24 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent Name RODKIN. RENEE 895 NW 100 LN Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 City 84 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, typod or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 THUE NAME REESE, ROSE 1.2 NAME 705 N.W. 73RD TERRACE STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP MARGATE FL 1.4 CITY - ST - ZIP DELETE 2.1 TITLE TITLE RODKIN, RENEE A. NAME 2.2 NAME 695 N.W. 100TH LN. 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME RODKIN, LAWRENCE A 3.2 NAME 695 NW 100 LANE 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** 34. CITY-ST-ZIP DELETE ☐ Addition TITLE 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 printing or or an attachment with an addition.

FILED