FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of Signeral Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mottham

Secletary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A96000001777**

CHOPCO OLITDOOR ADVERTISING LTD

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Making Address P.O. BOX 100 FARRIELD FL 32884 REDDICK FL 32888 REDDICK FL	CHOPCO OUTDOOR ADVE	ERTISING, LTD.			4 saarkii sara saria Briil đáiti š	551/1 55/11 56/11 56/51 (18/1 1881) (38/1)56 (15 0)	
2. Malling Address 2. Principal Office Address Suite, Apt. #, etc.	P.O. BOX 1004			09/23/1996 38. Date of Last Report 03/25/1997 4. State or Country of Formation	\$200.00 \$200.00 5b. Amount of Capital Contributions in FLORIDA		
City & State To Conflicted or Status Desired 8. Make check payable to: Dept. of State (See revenue side for fee inform 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent Original Payable (Po. Box Number is Not Acceptable) Street Address (Po. Box Number is Not Acceptable) Street Address (Po. Box Number is Not Acceptable) City *** *** *** *** *** *** *** *** *** *	2. Malling Address	2a. Principal Office Address					
To Country Zip Country 3. Make check payable to Dept. of Status Desired 8. Make check payable to Dept. of Status (See reverse side for fee Inform 10. It changed, new Registered Agent/Office EDWARDS, JOHN MARTIN TY47 NW 178TH LANE REDDICK FL 32888 Site Address (P.O. Box Number is Not Acceptable) Site of Address of Addr					6. FEI Number 59 - 3409887 Applied For		
Part	City & State	City & State				4 44	
9, Name and Address of Current Registered Agent 10, if changed, new Registered Agent/Office	Zip Country	Country Zip Country			Fee Required		
EDWARDS, JOHN MARTIN 7747 NW 176TH LANE REDDICK FL 32686 Street Address (P.O. Box Number is Not Acceptable)					O: Make check payable to: Dept. of	State (See reverse side for ree information)	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. 10a. Pursuant to the provisions of sections 620 1051 and 620 102. Pioride Statutes, the above-named limited partnership organized or registered under the lews of the State of Florida, submits this stater for the purpose of changing its registered algorit, or both in the State of Florida. Such change was authorized by its general partner(e). Thereby accept the appointment of registered agent, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(e) 11a. Address of Each General Partner (b) 11a. Address of Each General Partner (c) Thy Name of Each General Partner (c) Thy Name of Each General Partner (c) Thy Name of Each General Partner (d) Thy Name of Each General Partner (e) Thy Name of Each General Partner (e) Thy Name of Each General Partner (e) Thy Name of Each General Partner (f) Thy Name of Each General Partner (g) Thy	9. Name and Address of Current Registered Agent						
Suite, Apt. #, etc. 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-manual limited partnership organized or registered under the lews of the State of Florida, submits this stater for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and the purpose of changing its registered agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AGENCY WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. Agency of General Partner(s) 11b. City, State & Zip Code 11c. Registration/ Document Number 11b. City, State & Zip Code 11c. Document Number 11d. Provided Statutes and Partner of State of Florida Statutes and Partner of State of Florida State							
Total Partners MAY NOT be changed on this form; an amendment must be filed to change a general partners City			,				
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of register agent. I am femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the obligations of section 620 192. Florida Statutes. In femiliar with, and accept the suppointment of register agent. I have a support the appointme	REDUICK FL 32086		Suite, Apt. #,		-03/25/9301003 ⁻ -012		
for the purpose of changing its registered office or registered agent. or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registe agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. DATE			City				
EDWARDS, JOHN MARTIN 7747 NW 176TH LANE REDDICK FL 32686 Noté: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner partner between the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of	SIGNATURE (Registered Agent Accepting Appointme) A GENERAL PARTNER TH	nl) AT IS A CORPORATION	, LIMITED	PART	NERSHIP OR OTHE		
EDWARDS, JOHN MARTIN 7747 NW 176TH LANE REDDICK FL 32886 REDDICK FL 32886 Noté: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner partner partner information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of		4.4 75.40					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of	EDWARDS, JOHN MARTIN			REDDICK FL 32686			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of						3-33	
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of	Note: General partners MAV &	IOT he changed on this fo	rm, en em	andma-	at must be filed to she	unga a gamaral narras	
2. To the set of the s	**					<u> </u>	
corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated this annual report is true and accurate and that ny signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or true empowered to execute this report as required by chapter 630 End of Statutes. SIGNATURE DATE 12 - 16 - 99	corporations from any liability of non-complianc this annual report is true and accurate and that is empowered to execute inispepor as required to	e with Section 119 07(3)(k) in the event that the my signature shall have the same legal effects	e information supp	lied is deem	ed exempt from public access. I further r certify that I am a General Partner of	er certify that the information indicated on the limited partnership, receiver or trustee	

Daytime Telephone Number