

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29 1998 8:00 am
Secretary of State

DOCUMENT # F97000003690 (1)

1. Corporation Name

DELITE OUTDOOR ADVERTISING OF FLORIDA, INC.



Principal Place of Business

Mailing Address

18908 JASPER CIRCLE
LAKEVILLE MN 55044
3435 Washington Drive
Suite 205
Eagan, MN 55122

18908 JASPER CIRCLE
LAKEVILLE MN 55044
3435 Washington Drive
Suite 205
Eagan, MN 55122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

APPLIED FOR 41-1881143

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

6. Election Campaign Financing



\$5.00 May Be

Trust Fund Contribution



Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3435 Washington Drive

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Eagan, MN

Zip

24 55122

Country

25 Dakota

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature of person providing notice of registered agent and date of applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P
NAME EVRARD, JEFF
STREET ADDRESS 18908 JASPER CIRCLE
CITY-ST-ZIP LAKEVILLE MN

TITLE NAME ☐ DELETE

VS
NAME BINDER, LONNY J
STREET ADDRESS 18908 JASPER CIRCLE
CITY-ST-ZIP LAKEVILLE MN

TITLE NAME ☐ DELETE

D
NAME RAUNER, BRUCE V
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL

TITLE NAME ☒ DELETE

D
NAME TENBROOK, JAMES
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chief Executive Officer ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Chief Financial Officer ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Director ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

[Signature]

4/14/98

(412) 686-9295

CR2E034 (10/97)