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May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F99747 (0)

1. Corporation Name
PHOENIX ADVERTISING SPECIALTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3902 NW 21TH ST COCONUT CREEK FL 33066 US		Mailing Address 3902 NW 21ST STREET COCONUT CREEK FL 33066 US	
2. Principal Place of Business 21 2547 N.W. 9TH ST 22 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 6820 27 Suite, Apt. #, etc.	
City & State 23 DELRAY BEACH, FLORIDA Zip Country 24 33445 25 U.S.		City & State 28 DELRAY BEACH, FLORIDA Zip Country 29 33482 30 U.S.	
9. Name and Address of Current Registered Agent ALTERWEIN, LEONARD, ESQ. 7770 W OAKLAND PARK BLVD STE 205 SUNRISE FL 33351		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	D	1.1 TITLE	D
NAME	SAUER, JANE	1.2 NAME	SAUER, JANE
STREET ADDRESS	3902 N.W. 21ST ST.	1.3 STREET ADDRESS	2547 NW 9TH ST
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	PD	2.1 TITLE	PD
NAME	BERKOWITZ, SEYMOUR	2.2 NAME	BERKOWITZ, SEYMOUR
STREET ADDRESS	3902 N.W. 21ST ST.	2.3 STREET ADDRESS	2547 NW 9TH ST
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 _____ DATE 4/1/98

CP2E034 (10/97)