

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H34014 (1)
1. Corporation Name
JIFFY BILLBOARDS, INC.

Principal Place of Business
170 W FAIRBANKS AVE #203
PO BOX 847
WINTER PARK FL 32789

Mailing Address
170 W FAIRBANKS AVE #203
PO BOX 847
WINTER PARK FL 32789

FILED
Jul 30 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 450 East Las Olas Blvd.	
22 City & State		27 Suite 1200	
23 Zip		28 Fort Lauderdale FL	
24 Country		29 33301	
25		30 USA	

3. Date Incorporated or Qualified 12/13/1984	3a. Date of Last Report 02/06/1996
4. FEI Number 59-2488270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	DAVIDSON, WILLIAM M.	1.2 NAME	Hudson, Harris W.
STREET ADDRESS	170 W FAIRBANKS AVE #203	1.3 STREET ADDRESS	450 East Las Olas Blvd. Suite 1200
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE		2.1 TITLE	V/S
NAME		2.2 NAME	Cole, James O.
STREET ADDRESS		2.3 STREET ADDRESS	450 East Las Olas Blvd., Suite 1200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE		3.1 TITLE	P
NAME		3.2 NAME	Huizenga, Jr., H. Wayne
STREET ADDRESS		3.3 STREET ADDRESS	450 East Las Olas Blvd., Suite 1200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE		4.1 TITLE	T
NAME		4.2 NAME	Hyle, Kathleen
STREET ADDRESS		4.3 STREET ADDRESS	450 East Las Olas Blvd., Suite 1200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
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.

CR2E034 (4/97)