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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90086 018 ***150.00

1. Corporation							
JIFFY BIL	LLBOARDS, INC						
Principal Place	of Business	Mailing Address)	ÍOII O(OIL 1001
170 W FAIRBANKS AVE #203 110 S.E. 6TH STREET					İ		
PO BOX 847 20TH FLOOR							
WINTER PARK FL 32789 FT LAUDERDALE FL 33301					DO NOT WRITE IN THE	IIS SPACE	
	•	US			3. Date Incorporated or Qualifed 12/13/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ani	plied For
<u></u> · · · · · · · · · · · · · · · · · ·					59-2488270	⊢+ ''	t Applicable
21 26						\$8.75 A	
27					5. Certifcate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28			wn	Trust Fund Contribution	Added to	o Fees
Zip	Country Zip				8. This corporation owes the current year	Intangible	
24	25	1	30		Personal Property Tax.	-	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
СТ	CORPORATION SYSTEM		"	Name			
1200 SOUTH PINE ISLAND ROAD				Street Addr	ess (P.O. Box Number is Not Acceptable)		1
PLANTATION FL 33324			83				
			84	City		85 Zip C	ode
dd District ont	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	s the above	e-named corp	oration submits this statement for the purpose	of changing its	registered
office or re	egistered agent or both in the State of	i Florida. Such change was aut	thorized by	tne comoratio	on's board of directors. I hereby accept the ap	pointment as req	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fibri	da Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agen	t signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	HUDSON, HARRIS W		1.2 NAME				
STREET ADDRESS	The state of the s		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST	r-ZIP			
TITLE	_		2.1 TITLE			☐ Change	☐ Addition
NAME	COLE, JAMES O						
STREET ADDRESS	110 S.E. 6TH STREET, 20TH FL	OOR	2.3 STREET				
CITY-ST-ZIP	FT LAUDERDALE FL 33301	□ BELETE	2. 4 CITY-S	T-ZIP		Change	Addition
TITLE	P DELETE		3.1 TITLE			Onlange	
NAME	HUIZENGA JR., H. WAYNE	nnp	3.2 NAME	ADDDEGG			
STREET ADDRESS				ADDRESS			ł
CITY-ST-ZIP	FT LAUDERDALE FL 33301	☐ DELETE	3.4. CITY-S 4.1 TITLE	1-2114		Change	Addition
TITLE NAME	HYLE, KATHLEEN		4.2 NAME				_
1	110 S.E. 6TH STREET, 20TH FL	∩∩p	4.3 STREET	ADORESS			
STREET ADDRESS	FT LAUDERDALE FL 33301	,	4.4 CITY-ST	- 1			
TITLE	TI DAUDENDALL I E 0000 I	☐ DELETE	5.1 TITLE	-		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP			-
TITLE		☐ DELET€	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS.			6.3 STREET	ADDRESS			

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 or Chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

QUIREIJames O. Cole 2/15/99