


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

FILED
Feb 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
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DOCUMENT # J49626 (1)
 1. Corporation Name
AMERICAN OUTDOOR SIGN COMPANY



Principal Place of Business 1/0 JAMES A. CHEROF 2477 E. COMMERCIAL BLVD. FT LAUDERDALE FL 33308	Mailing Address 1/0 JAMES A. CHEROF 2477 E. COMMERCIAL BLVD. FT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
12/31/1986

2. Principal Place of Business 21 <i>1/0 Gordon W. Latz</i> Suite, Apt. #, etc. 22 <i>2477 E. Commercial Blvd</i> City & State 23 <i>Ft. Lauderdale, FL</i> Zip 24 <i>33308</i> Country	2a. Mailing Address 26 <i>c/o Gordon W. Latz</i> Suite, Apt. #, etc. 27 <i>2477 E. Commercial Blvd</i> City & State 28 <i>Fort Lauderdale, FL</i> Zip 29 <i>33308</i> Country
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4. FEI Number 65-0000562	Applied For <input type="checkbox"/> 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
MEHALLIS, STEPHEN G.
2477 E. COMMERCIAL BLVD.
FT LAUDERDALE FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATZ, GORDON	1.2 NAME	
STREET ADDRESS	2477 E. COMMERCIAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHERRON, TRACY	2.2 NAME	
STREET ADDRESS	2477 E. COMMERCIAL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANESH, BETH	3.2 NAME	
STREET ADDRESS	2477 E.COMMERCIAL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 change is shown on an attachment with an address.

SIGNATURE: *BETH PANESH, REQUESTOR/TREAS.* **1/28/98 (954) 491-1722**

CR2E034 (10/97)