SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State 1996 Jul 02 1996 8:00 am DIVISION OF CORPORATIONS Secretary of State **DOCUMENT #** J72199 (9) UNIVERSAL OUTDOOR, INC. Principal Place of Business Mailing Address 10195 SOUTH INDIAN RIVER DRIVE 10195 SOUTH INDIAN RIVER DRIVE FT. PIERCE FL 34982 FT. PIERCE FL 34982 3. Date Incorporated or Qualified 3a. Date of Last Report 05/12/1987 06/14/1995 2. Principal Place of Business 2a. Mairing Address 4. FEI Number Applied For 21 26 65-0022984 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible 11x under s. 199.032 Yes 🚺 No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HANCOCK, PATRICIA 10195 SOUTH INDIAN RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34982 63 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or prested name of regulating 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 DELETE TITLE 1 1 TITLE Change Addition HANCOCK, CHARLES P. NAME 1.2 NAME **CR2E034** 5252 SUNSET DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZiP 14 C:TY - ST-ZIP THILE DELETE 21 TITLE Change Addition HANCOCK, PATRICIA G. NAME 2 2 NAME 10195 S. INDIAN RVR. DR. STREET ADDRESS 2 3 STREET ADDRESS FT. PIERCE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TIFLE Change Addition 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 arrian other or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 of Pilock 13 of Piloc