

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.)

FILED  
Sep 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M22329** (0)

1. Corporation Name  
**SHELTER ADVERTISING OF HIALEAH, INC.**

Principal Place of Business <b>1360 N.W. 78TH AVE. MIAMI FL 33126</b>	Mailing Address <b>1360 N.W. 78TH AVE. MIAMI FL 33126</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 9202 N.W. 101st Street</b>		2a. Mailing Address <b>25 Suite, Apt. #, etc.</b>		3. Date Incorporated or Qualified <b>10/23/1985</b>	3a. Date of Last Report <b>04/18/1996</b>
22 City & State <b>23 Medley, FL</b>		27 City & State		4. FEI Number <b>59-2591054</b>	Applied For <input type="checkbox"/> Not Applicable
24 Zip <b>33178</b>		25 Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
26 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
29 Zip		30 Country		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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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	<b>C</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ELLER, KARL</b>			1.2 NAME			
STREET ADDRESS	<b>2850 E CAMELBACK RD #300</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHOENIX AZ</b>			1.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ELLER, SCOTT</b>			2.2 NAME			
STREET ADDRESS	<b>1360 NW 78 AVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ELLER, SCOTT</b>			3.2 NAME			
STREET ADDRESS	<b>2850 E CAMELBACK RD F#300</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHOENIX AZ</b>			3.4 CITY-ST-ZIP			
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DONMOYER, TIM</b>			4.2 NAME			
STREET ADDRESS	<b>2850 E CAMELBACK RD., #300</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHOENIX AZ</b>			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 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.

SIGNATURE:

**SIGNATURE REQUIRED**

9/18/97

CR2E034 (4/97)