

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24193 (7)

1. Corporation Name

ORLANDO ZONE JEEP/EAGLE ADVERTISING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1776 N. PINE ISLAND RD.
#314
PLANTATION FL 33322
US

1776 N. PINE ISLAND RD.
#314
PLANTATION FL 33322
US



3. Date Incorporated or Qualified
12/30/1987

3a. Date of Last Report
11/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 1776 N. Pine Island Rd.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0021739

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENSEN, ROBERT W.
4875 PONCE DE LEON BLVD STE #305
CORAL GABLES FL 33146

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME TATUM, RAY
STREET ADDRESS 555 E. SEMORAN BLVD.
CITY-ST-ZIP FERN PARK FL

TITLE V
NAME ACCARDI, ED
STREET ADDRESS 909 S. FEDERAL HWY.
CITY-ST-ZIP POMPANO BCH FL

TITLE ST
NAME DOUGLAS, WILLIAM
STREET ADDRESS 4650 34TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D
NAME PLANAS, CARLOS
STREET ADDRESS 8250 SW 8TH STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME LOWE, PHIL
STREET ADDRESS P.O. BOX 1926 N/A
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D
NAME STUMP, KIRK
STREET ADDRESS 3987 W. TENNESSEE STREET
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 am an officer 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009405

CR2E037 (3/96)