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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34034** (9)  
1. Corporation Name  
**NAEGELE OUTDOOR ADVERTISING COMPANY OF JACKSONVILLE**

Principal Place of Business <b>1120 CRESTWOOD STREET JACKSONVILLE FL 32208 US</b>	Mailing Address <b>1700 WEST 78TH STREET MINNEAPOLIS MN 55423-3899 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>05/22/1991</b>	3a. Date of Last Report <b>06/19/1995</b>	4. FEI Number <b>77-0278154</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
			<b>FL 32301</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 local applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	P/D
NAME	EVARD, JEFF	1.2 NAME	Daniel L. Simon
STREET ADDRESS	1700 W 78TH ST	1.3 STREET ADDRESS	321 N. Clark Street
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Chicago, IL 60610
TITLE	ST	2.1 TITLE	V/T
NAME	BINDER, LONNY J	2.2 NAME	Brian T. Clingen
STREET ADDRESS	1700 W 78TH ST	2.3 STREET ADDRESS	321 N. Clark Street
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	Chicago, IL 60610
TITLE	D	3.1 TITLE	V/S
NAME	DELVECO, ARTHUR	3.2 NAME	Paul G. Simon
STREET ADDRESS	676 N MICHIGAN AVE	3.3 STREET ADDRESS	321 N. Clark Street
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	Chicago, IL 60610
TITLE	D	4.1 TITLE	
NAME	SIMONS, JIM	4.2 NAME	
STREET ADDRESS	520 LAKE COOK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RICHMAND, BRIAN	5.2 NAME	
STREET ADDRESS	270 PARK AVE, 5TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COOK, ROBERT	6.2 NAME	
STREET ADDRESS	111 E WISCONSIN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Paul G. Simon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96  
Date

312-674-8673  
Daytime Phone #

CR2E034 (12/95)