

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

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P92000010727 (5)

1. Corporation Name
ROSENTHAL OUTDOOR ADVERTISING COMPANY



Principal Place of Business Mailing Address
580 LAKEVIEW DRIVE MIAMI BEACH FL 33310 US
1655 PALM BEACH LAKES BLVD. 800 WEST PALM BEACH FL 33401-2253

3. Date Incorporated or Qualified **12/10/1992** 3a. Date of Last Report **12/09/1996**

2. Principal Place of Business 2a. Mailing Address
1655 PALM BEACH LAKES BLVD. (SAME)

4. FEI Number **65-0375893** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE #900

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
WEST PALM BEACH, FLA

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
33401-2253 PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

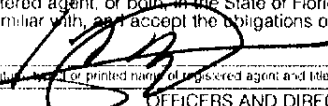
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAOUD, ARNOLD
1655 PALM BEACH LAKES BLVD.
#900
WEST PALM BEACH FL 33401

81 Name **LARETSKY, RICHARD P.**
 82 Street Address (P.O. Box Number is not acceptable) **1655 PALM BEACH LAKES BLVD.**
 83 **SUITE 900**
 84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

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:  **3/3/97** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P DAOUD, ARNOLD |
| STREET ADDRESS | 1655 PALM BEACH LAKES BLVD., SUITE 900 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | ST DAOUD, A.J. |
| STREET ADDRESS | 580 LAKEVIEW DRIVE |
| CITY-ST-ZIP | MIAMI BEACH FL 33310 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ST ELLIOTT, R.S. |
| 2.3 STREET ADDRESS | 4300 S.W. 72 WAY |
| 2.4 CITY-ST-ZIP | DAVIE, FLA. 33314 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, on an attachment with an address.

SIGNATURE:  DATE Daytime Phone # **6069022**

CR2E034 (9/96)