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

Mailing Address

2a. Mailing Address

City & State

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980 N. FERDERAL HWY

BOCA RATON FL 33432

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

980 N. FEDERAL HWY

BOCA RATON FL 33432

Suite, Apt. #, etc.

SIGNATURE:

City & State

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2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048487 (1)

PHOENIX TRANSIT ADVERTISING, INC.

Country

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9. Name and Address of Current Registered Agent 81 Name WHITE, RONALD C ESQUIRE 5348 FIRST AVE N Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33710 63 84 City. Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE THOMAS, VASELIOS H 1 2 NAME NAME **3720 CANTERBURY COURT** STREET ADDRESS 1.9 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAXTER, DONALD H 2.2 NAME NAME 3380 N.E. 29TH AVE. STREET ADDRESS 2.3 STREET ADDRESS LIGHTHOUSE POINT FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE STOLL, CHARLES S NAME 3.2 NAME 111 ORCHARD RIDGE LN 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE STOLL, CHARLES NAME 4 2 NAME 1104 S RIO VISTA BLVD STREET ADDRESS 4.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 4.4 City-ST-ZIP DELETE Addition Change TITLE 51 TITLE ZIEMBA, BARBARA NAME 5.2 NAME 3346 PIPING ROCK DR 5.3 STREET ADDRESS STREET ADDRESS **BOYNTON BCH FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-2IP 14. I 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 changon, or on an attention with an address.

Country

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Mar 19 1998 8:00am Secretary of State

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