

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

FILED
Apr 16 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P93000070687 (7)**
1. Corporation Name
SLEEPING GIANTS ADVERTISING & CREATIVE SERVICES, INC.,



| | |
|---|---|
| Principal Place of Business 3409 NW 9 AVE SUITE 1101 FT. LAUDERDALE, FL 33309 | Mailing Address 3409 NW 9 AVE SUITE 1101 FT. LAUDERDALE, FL 33309 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 225 N. FEDERAL HWY Suite, Apt. #, etc. 22 650 City & State 23 POMPANO BEACH, FL Zip 24 33062 | | 2a. Mailing Address 26 225 N. FEDERAL HWY Suite, Apt. #, etc. 27 650 City & State 28 POMPANO BEACH, FL Zip 29 33062 Country 30 USA | | 3. Date Incorporated or Qualified 10/05/1993 | |
| | | 4. FEI Number 65-0444845 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 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 | | | |

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|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent HERSCHBEIN, IRA 7777 GLADES RD STE 209 BOCA RATON FL 33434 | | | | 10. Name and Address of New Registered Agent 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 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 | VP | 1.1 TITLE | V President |
| NAME | GOODWIN, GLEN | 1.2 NAME | Glen N. Goodwin |
| STREET ADDRESS | 1060 SW 46 AVE, APT 107 | 1.3 STREET ADDRESS | 2108 S. Blvd. St. 113 |
| CITY - ST - ZIP | POMPANO BCH FL | 1.4 CITY - ST - ZIP | Charlotte, NC 28203 |
| TITLE | VAS | 2.1 TITLE | V President |
| NAME | ROMINGER, SANDY | 2.2 NAME | Sandy Rominger |
| STREET ADDRESS | 5410 LYONS RD #104 | 2.3 STREET ADDRESS | 5410 Lyons Rd. #104 |
| CITY - ST - ZIP | BOCA RATON FL 33487 | 2.4 CITY - ST - ZIP | Coconut Creek, FL 33073 |
| TITLE | VPAS | 3.1 TITLE | V President |
| NAME | HERNANDEZ, REY | 3.2 NAME | Rey Hernandez |
| STREET ADDRESS | 311 OREGON LANE | 3.3 STREET ADDRESS | 311 Oregon Lane |
| CITY - ST - ZIP | BOCA RATON FL | 3.4 CITY - ST - ZIP | Boca Raton, FL |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 registered agent 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 as an attachment with an address.

SIGNATURE:

954-785-4444

CR2E034 (10/97)