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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY - \$1 - ZIP

I am an officer or director of the corporation appears in Block 12 or Block 13 if changed,



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000073219 (6)

SUNSE	OUTDOOR WEST, INC.					
Principal Plac	e of Business	Mailing Address			- I INDININA INDINITION LINE MANNE IN	11 <b>01</b> 7175 10000 11410 11006 11010 1201 1001
4411 CLEVELAND AVE FT MYERS FL 33901 FT MYERS FL 33901-9011						•
					3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 05/01/1996
<b>─</b>	liace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite Ant	# etc:	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	65-0509026	Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	(:	City & State			6. Election Campaign Financing	\$5.00 May Be
23	manage and the second s	28			Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30	· · · · · · · · · · · · · · · · · · ·		Yes No
	9. Name and Address of Curre	nt negistered Agent		81 Name	10. Name and Address of New Ro	agistered Agent
CANCARO, ARTHORY						
1520 ROYAL PALM SQUARE BLVD., #260 FT MYERS FL 33919				82 Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
гін	MIENO LE 22818		}	B3		
			L			
			[	84 City		FL 85 Zip Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was pations of, Section 607.0505, Florida	tes, the ab authorized orida Statu	ove-named corp by the corporati	oration submits this statement for the jon's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE.	Stg sature: typied or printed name of registered ag	ent and title if applicable (NOT	F Registered	Agent signature require	ad uthen reinstalling)	DATE
12.	***************************************	ID DIRECTORS	13.	where sibilitating technic	ADDITIONS/CHANGES TO OFFIC	
Tille	PD	DELETE	1.1 T(T	Æ		Change Addition
NAME	LAGESCHULTE, DAVID L		1.2 NA	AE .		• •
STREET ADDRESS	4411 CLEVELAND AVE		1.3 STF	EET ADDRESS		
CITY-ST-7IP	FT MYERS FL 33901	/	1.4 CIT	Y-ST-ZIP		
THE	DST	DELETE	2.1 TITI	.E		Change Addition
NAME	LYNCH, PAUL	,	2.2 NAI	ME		
STREET ADDRESS	4411 CLEVELAND AVE		2.3 STF	EET ADDRESS		
CITY-ST-7IP	FT MYERS FL 33901	/	2.4 CI	Y-ST-ZIP		
TITLE	D	DELETE	3.1 TITI	Æ		Change Addition
NSME	BRAWNER, TERRY	• -	3.2 NAI	ME		•
STREET ADDRESS	4411 CLEVELAND AVE		3.3 STR	EET ADDRESS		
City-St-7iP	FT MYERS FL 33901		3.4. CIT	Y-ST-ZIP		
THTLE		☐ DELETE	4.1 TH	.E	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST8	EET ADDRESS		
C-TY-ST-ZIP		Dr. pv-		Y-ST-ZIP		
THE		☐ DELETE	5.1 TITL	E		Change Addition
NAME			5.2 NAM	AE		
STREET ADORESS			5.3 STR	EET ADDRESS		
COLY - ST Z/P		T briefe		/ - ST - ZIP		
YIILE		☐ DELETE	6.1 TiT)			Change Addition
NAME Daniel Antonios			6.2 NA			
STREET ADDRESS	1		■ 63.STB	FET ADDRESS		

SIGNATURE:

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 poor 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

May 07 1997 8:00am

Secretary of State