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

PROFIT CORPORATION ANNUAL REPORT

1998

KASCHAI, R. CASH

ORLANDO FL 32805

2904 SOUTH WESTMORELAND DR.



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

9. Name and Address of Current Registered Agent

Secretary of State DOCUMENT # P94000062652 (0) CASHI OUTDOOR ADVERTISING, INCORPORATED Mailing Address Principal Place of Business CASHI OUTDOOR ADV. INC. P.O. BOX 555847 2904 S. WESTMORELAND DR. ORLANDO FL 32855-5847 DO NOT WRITE IN THIS SPACE ORLANDO FL 32805 3. Date Incorporated or Qualified 08/22/1994 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3275580 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. \square 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 30 Personal Property Tax due June 30. ☐ Yes 24 25 29

City FL 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.

81 Name

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83 84

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ Addition Change DELETE 1.1 TITLE TITI F KASCHAI, RALPH C NAME 1.2 NAME 1120 BYERLY WAY STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32818 1.4 CITY-ST-ZIP CITY - ST - 7/P Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME. 6.3 STREET ADDRESS STREET ADDRESS

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 13 if character on an Alachment with an address.

INRALPH CASHKASCHAI 1-8-98 422-8891 SIGNATURE:

FILED

Jan 22 1998 8:00am

10. Name and Address of New Registered Agent

85

Zip Code

Street Address (P.O. Box Number is Not Acceptable)