

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000093697 (8)**

1. Corporation Name

JERRY'S OUTDOOR ADVERTISING, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 430280
BIG PINE KEY FL 33043**

**450 E. LAS OLAS BLVD
STE 1200
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 110 S.E. 6th Street		12/27/1994	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 20th Floor		59-3309426	
24 Country		29 Fort Lauderdale, FL		Applied For	
25		30 33301		Not Applicable	
26		31 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		33		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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, HARRIS W	1.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1200	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	PAS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUIZENGA, JR, H. WAYNE	2.2 NAME	Huizenga, Jr, H. Wayne
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1200	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD	3.2 NAME	Cole, James D.
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1200	3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, THOMAS A	4.2 NAME	Barclay, David A.
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1200	4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNINGER, JR., ROBERT J	5.2 NAME	Hyle, Kathleen W.
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1200	5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Sills, Howard
STREET ADDRESS		6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301

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 changed, or on an attachment with an address.

SIGNATURE

James A. Cole 3/16/98 954-769-7221

CR2E034 (10/97)