

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000019132 (6)

1. Corporation Name

OUTDOOR PROMOTIONAL CONCEPTS, INC.



Principal Place of Business

Mailing Address

1260 NO. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

1260 NO. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

US

2b. Mailing Address

26

P.O. Box 265174

27

Suite, Apt. #, etc.

28

City & State

29

DAYTONA BEACH, FL

30

Zip

Country

31

32126-5174

32

US

4. FEI Number

59-3305056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KANDEL, PAULA M  
21 RIVER RIDGE TRAIL  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81

Name KANDEL, PAULA M.

82

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

59 N. NOVA RD.

83

SUITE # 112

84

City ORMOND BEACH

FL

85

Zip Code 32174

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 *Paula M. Kandel*, Paula M. Kandel

4/29/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KANDEL, MARTIN M  
STREET ADDRESS 21 RIVER RIDGE TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174

☒ DELETE

TITLE SD  
NAME COLTELLI, LARRY  
STREET ADDRESS 10 TALAQUAH BLVD.  
CITY-ST-ZIP ORMOND BEACH FL 32174

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME WALKER, ED  
1.3 STREET ADDRESS 10 SEA HARBOR DR W  
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32176

☐ Change

☒ Addition

2.1 TITLE DVP  
2.2 NAME COLTELLI, LARRY  
2.3 STREET ADDRESS 10 TALAQUAH BLVD.  
2.4 CITY-ST-ZIP ORMOND, FL

☐ Change

☒ Addition

3.1 TITLE DS  
3.2 NAME SCHLOSSBERG STEVE  
3.3 STREET ADDRESS 9 WATERBURY CIRCLE  
3.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

☐ Change

☒ Addition

4.1 TITLE D  
4.2 NAME KANDEL, MARTIN M.  
4.3 STREET ADDRESS 21 RIVER RIDGE TRAIL  
4.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

☐ Change

☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Steve Schlossberg*  
STEVE SCHLOSSBERG

4/29/96 (904) 257-2026  
EXT 307  
Daytime Phone

CR2E034 (12/95)