

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000039760 (0)

1. Corporation Name

SLEEPING GIANTS ADVERTISING, 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 33309-5945
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/19/1995	3a. Date of Last Report 04/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0444845	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent TORRES, RONALD R 1880 N UNIVERSITY DR MERCEDES PARKWAY BLDG PLANTATION FL 33322	10. Name and Address of New Registered Agent 81. Name IRA Herschbein 82. Street Address (P.O. Box Number is Not Acceptable) 7777 Glades Road Suite 209 83. Boca Raton, 84. City FL 85. Zip Code 33434
---	---

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 *Ira M. Herschbein* (NOTE: Registered Agent signature required when reinstating) DATE 4-1-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	GOODWIN, GLEN N	1.2 NAME	GOODWIN, GLEN
STREET ADDRESS	901 NE 3RD STREET #202	1.3 STREET ADDRESS	1060 SW 4th AVE. Apt. 107
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Pompano Bch., FL 33069
TITLE	VP	2.1 TITLE	
NAME	ROMINGER, SANDY	2.2 NAME	
STREET ADDRESS	5410 LYONS ROAD #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	HERNANDEZ, REY	3.2 NAME	
STREET ADDRESS	311 OREGON LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
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 do hereby certify that the information reported 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.10.96 954-561-7748
Date Daytime Phone #

CR2E034 (9/96)