

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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0027330

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000039760 (0) 1. Corporation Name SLEEPING GIANTS ADVERTISING, INC.		

FILED

98 OCT 16 PM 3:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 225 N. Federal Highway Suite, Apt. #, etc. Suite 225 City & State Pompano Beach, FL Zip 33062 Country USA	2a. Mailing Address 26 225 N. FED. HIGHWAY Suite, Apt. #, etc. SUITE 225 City & State POMPANO BEACH, FL Zip 33062 Country US.
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3. Date Incorporated or Qualified 05/19/1995	4. FEI Number 65-0444835 65-0863172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HERSCHBEIN, IRA 7777 GLADES ROAD SUITE 209 BOCA RATON FL 33434			
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 300002666533--8 84 City Charlotte, NC

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, GLEN	1.2 NAME	Glen Goodwin
STREET ADDRESS	1060 SW 46 AVE, APT 107	1.3 STREET ADDRESS	9221 J. Offer Creek Drive
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Charlotte, NC 28277
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMINGER, SANDY	2.2 NAME	Sandy Rominger
STREET ADDRESS	5410 LYONS ROAD #104	2.3 STREET ADDRESS	4874 N. Henningway Circle
CITY-ST-ZIP	COCONUT CREEK FL 33063	2.4 CITY-ST-ZIP	Margate, FL 33062
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; that I am 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.

B. G. R. 10/16

SIGNATURE: _____

DE BE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.12.98

954-785-4444

CR2E034 (5/98)

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J
G. H. R.
advertising
225 N. FEDERAL HIGHWAY, SUITE 650
POMPANO BEACH, *South Florida* 33062
954.785.4444 / FAX 954.785.7991

August 27, 1998

Annual Reports Filings
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I recently received the enclosed second notice for Sleeping Giants Advertising, Inc. Unfortunately, I never received a first notice to respond to.

Based on a phone discussion I had with an individual in your department last week, I am enclosing a \$150 check and the revised information for the report.

Please note that we have another company "Sleeping Giants Advertising and Creative Services, Inc." that HAS filed its report on time under identification number 65-0444845.

The company I am writing about today has a slightly different name and totally different ID number.

Please let me know if there are any other problems based on the information I have provided and thank you in advance for your time and attention to this matter.

Sincerely,



Sandy Rominger

ATHERTON LOFTS • 2108 SOUTH BLVD., SUITE 111
CHARLOTTE, *North Carolina* 28203
704.375.5594 / FAX 704.375.5524
G. H. R.
advertising