

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

FILED

Apr 29 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 # P96000092732 (2)
1. Corporation Name
DIRECT CONNECT OVER THE ROAD ADVERTISING, INC.



Principal Place of Business
8375 HORSESHOE BAY ROAD
BOYNTON BEACH FL 33437

Mailing Address
8375 HORSESHOE BAY ROAD
BOYNTON BEACH FL 33437-5045

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3591 Andrews Ave.		26 3591 Andrews Ave.		11/08/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 F		27 F		65-0706291		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Oakland Park, FL		28 Oakland Park, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
24 33309-5289		29 33309-5289		30 USA		No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COHEN, GERLAD 453 LAKEVIEW DRIVE #101 FORT LAUDERDALE FL 33326				81 Name JOEL WENACUR			
				82 Street Address (P.O. Box Number is Not Acceptable) 8375 Horseshoe Bay Rd.			
				83			
				84 City Boynton Beach			
				85 Zip Code FL 33437			

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 *Joel Wenacur* President 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P D C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, GERALD	1.2 NAME	Joel Wenacur
STREET ADDRESS	453 LAKEVIEW DRIVE #101	1.3 STREET ADDRESS	8375 Horseshoe Bay Rd.
CITY-ST-ZIP	FT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ricky Wenacur
STREET ADDRESS		2.3 STREET ADDRESS	36 Rockledge Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hartsdale N.Y. 10530
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Sandra Wenacur
STREET ADDRESS		3.3 STREET ADDRESS	8375 Horseshoe Bay Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boynton Beach FL 33437
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 do 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 *Joel Wenacur* 4/17/97 954 561 2212

CR2E034 (9/96)