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May 13 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 # P96000095296 (5)

1. Corporation Name

SOUTHLAND ADVERTISING OF THE PALM BEACHES, INC.

Principal Place of Business  
2921 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33407

Mailing Address  
2921 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33407-4522



3. Date Incorporated or Qualified 11/15/1996  
3a. Date of Last Report

2. Principal Place of Business 21 5656 CORPORATE WAY Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL 24 Zip 33407 25 Country USA	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEL Number 65-0714869 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

MCLEAR, TIMOTHY R  
2921 AUSTRALIAN AVENUE  
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, LORI A	1.2 NAME	
STREET ADDRESS	2921 AUSTRALIAN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DUDLEY T	2.2 NAME	
STREET ADDRESS	2921 AUSTRALIAN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAR, TIMOTHY R	3.2 NAME	
STREET ADDRESS	2921 AUSTRALIAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE		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		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		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

T. M. M. 2/6/97

2/6/97 11/15/1996