

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000041105 (2)**

1. Corporation Name
STANDARD ADVERTISING CORPORATION



Principal Place of Business CROSSWIND CORPORATE PARK P.O. BOX 480 BRIDGEPORT WV 26330	Mailing Address CROSSWIND CORPORATE PARK P.O. BOX 480 BRIDGEPORT WV 26330
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1997	
4. FEI Number 59-3448632	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent KALISH, WILLIAM 101 E KENNEDY BLVD SUITE 4100 TAMPA FL 33602		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
NAME	STREET ADDRESS	13. STREET ADDRESS	14. CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	21. TITLE	22. NAME
NAME	STREET ADDRESS	23. STREET ADDRESS	24. CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	31. TITLE	32. NAME
NAME	STREET ADDRESS	33. STREET ADDRESS	34. CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	41. TITLE	42. NAME
NAME	STREET ADDRESS	43. STREET ADDRESS	44. CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	51. TITLE	52. NAME
NAME	STREET ADDRESS	53. STREET ADDRESS	54. CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	61. TITLE	62. NAME
NAME	STREET ADDRESS	63. STREET ADDRESS	64. CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	5001 W. Lemon Street Tampa, FL 33609	

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 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 _____

CR2E034 (10/97)