

FILED

Jun 17 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P970 000 57589  
1. Corporation Name  
ST JOHN'S RIVER ENTERPRISES, INC

|                                  |   |
|----------------------------------|---|
| Principal Place of Business      | Mailing Address                                 |
| Florida Electric Signs Co., Inc. | P.O. Box 2008<br>Fort Lauderdale, Fla.<br>33301 |

DO NOT WRITE IN THIS SPACE

|                                |                    |                     |                    |
|--------------------------------|--------------------|---------------------|--------------------|
| 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                  | Zip                |
| 24                             | Country            | 29                  | Country            |

|   |  |             |                |
|---|--|-------------|----------------|
| 3. Date Incorporated or Qualified<br><i>July 1, 1997</i>  |  |             |                |
| 4. FEI Number<br><i>59-3458199</i>  | <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
| Applied For   |  |             |                |
| Not Applicable  |  |             |                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required  |             |                |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees   |             |                |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |             |                |

9. Name and Address of Current Registered Agent

Linda D. Owens, C. P.A.  
620-C Highway 19 South  
Palatka, A 32177

| 10. Name and Address of New Registered Agent |  |    |             |
|--|--|----|-------------|
| 81   | Name   |    |             |
| 82   | Street Address (P.O. Box Number is Not Acceptable) |    |             |
| 83   |  |    |             |
| 84   | City   | FL | 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 NA Linda Owens C.P.A.  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registrant

5-11-98  
DATE

| 12.            | OFFICERS AND DIRECTORS |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PRESIDENT              | <input type="checkbox"/> DELETE |
| NAME           | ROBERTA ROMINSKY       |                                 |
| STREET ADDRESS | Box 338                |                                 |
| CITY-ST-ZIP    | Wichita KS 67219-3     |                                 |
| TITLE          | DIRECTOR               | <input type="checkbox"/> DELETE |
| NAME           | STEPHEN ROMINSKY       |                                 |
| STREET ADDRESS | Box 338                |                                 |
| CITY-ST-ZIP    | Wichita KS 67219-3     |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><i>N/A</i>   |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><i>N/A</i>   |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>600002563926<br>-06/18/98--01028--037<br>***150.00<br><br><i>12 6.17</i> |

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: Robert Rominsky 4-23-98 1-167-8226

CP2E034 (10/97)