

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V29650  
Corporation Name  
AST COAST ADVERTISING, INC.

Principal Place of Business  
SUNSET DRIVE  
MIAMI FL 33143  
Mailing Address  
5252 SUNSET DRIVE  
MIAMI FL 33143

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
25  
26  
27  
28  
29  
30

9. Name and Address of Current Registered Agent  
HANCOCK, EUGENE A  
5252 SUNSET DRIVE  
MIAMI FL 33143

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

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.

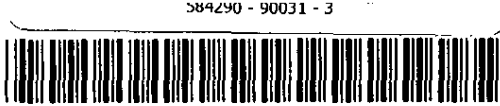
SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
E	PTD		DELETE	1.1 TITLE		Change	Addition
E	HANCOCK, EUGENE A SR			1.2 NAME			
EET ADDRESS	5252 SUNSET DR.			1.3 STREET ADDRESS			
ST-ZIP	MIAMI FL 33143			1.4 CITY-ST-ZIP			
E	VD		DELETE	2.1 TITLE		Change	Addition
E	HANCOCK, EUGENE A JR			2.2 NAME			
EET ADDRESS	5252 SUNSET DR.			2.3 STREET ADDRESS			
ST-ZIP	MIAMI FL 33143			2.4 CITY-ST-ZIP			
E			DELETE	3.1 TITLE		Change	Addition
E				3.2 NAME			
EET ADDRESS				3.3 STREET ADDRESS			
ST-ZIP				3.4 CITY-ST-ZIP			
E			DELETE	4.1 TITLE		Change	Addition
E				4.2 NAME			
EET ADDRESS				4.3 STREET ADDRESS			
ST-ZIP				4.4 CITY-ST-ZIP			
E			DELETE	5.1 TITLE		Change	Addition
E				5.2 NAME			
EET ADDRESS				5.3 STREET ADDRESS			
ST-ZIP				5.4 CITY-ST-ZIP			
E			DELETE	6.1 TITLE		Change	Addition
E				6.2 NAME			
EET ADDRESS				6.3 STREET ADDRESS			
ST-ZIP				6.4 CITY-ST-ZIP			

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: *[Signature]* 305667-0843

FILED  
Jul 08, 1999 8:00 am  
Secretary of State  
07-08-1999 90031 003 \*\*\*550.00



CR2E034 (5/99)