## SECOND 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 # F9700002355

SIGNS PLUS USA, LTD., INC.

Principal Place of Business

Mailing Address

1301 DOVE ST. SUITE 1030 NEWPORT CA 92660 1301 DOVE ST. SUITE 1030 NEWPORT CA 92660

### FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90024 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

					05/02/1997			
Principal Place of Business     2a. Mailing Address					4. FEI Number		Applied For	
			logy Drive		91-1736573		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$	8.75 Additional	
22 Unit L 27 Unit L					5. Certificate of Glatus Desired		Fee Required	
City & State City & State			-		6. Election Campaign Financing		\$5.00 May Be	
23 Irvine, CA 28 Irvine, CA					Trust Fund Contribution	<u> </u>	Added to Fees	
Zip			Country		8. This corporation owes the current	t year		
92618	25 USA	29 92618 3	USA		Intangible Personal Property.		es No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name								
O T CORRODATION SYSTEM				Name				
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD								
PLANTATION FL 33324								
			84	City			35 Zip Code	
ĺ			0-4	City		FL∣°	J 2.p 0000	
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.								
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SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered /	Agent signature n	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		Change Addition L Addi	
TITLE	PSD	DELETE	1.1 TITLE		PSD	ХX	Change Addition	
NAME			1.2 NAME			8		
100 F DO T #4000			1.3 STREE	13 STREET ADDRESS 188 Technology Dr. Unit L				
CITY-ST-ZIP	NEWEDORT CA GOOD		14 CITY-S	CITY-ST-ZIP Irvine. CA 92618		•	_   \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
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STREET ADDRESS				TADDRESS				
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STREET ADDRESS			3.4 CITY-S					
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STREET ADDRESS				FADDRESS				
CITY-ST-ZIP			6.4 CITY-S		440 07/0Vi) F) 11 C) 1		the information	
14. I hereby certify that the information supplied with this filing does not quality to 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 flue and accurate any signature shall have the same legal effect as if made under oath; that I am								
an officer or director of the corporation or the received or trusted empowered to be table report as required by Chapter 607, Florida Statutes, and that my name appears								
in Block 12 or Block 13 if changed, or on an attacoment with an address.								
CICHAT	IDE SIGMA				H110199	194	リイフレーレクラン	
SIGNAT	URE:		S DUNE OF DO	120		Doutim	Dhone #	

# SignsPlus<sub>®</sub> usa ltd.

#### Unique Business Systems

Via Mail

July 19, 1999

Division of Corporations Annual Reports Filings Box 1500 Tallahassee, FL 32302-1500

RE: Doc. # F97000002355

To whom it may concern:

Please find enclosed check number 3814 in the amount of \$150.00 and the signed documentation as requested. This is the first time that we have received this notice due to an incorrect address. Please note that we have moved to 188 Technology Drive, Suite L, Irvine, CA 92618.

If you have any questions please give me a call at (949) 450-0685. Thank you.

Amy Fernandez

Franchise Development Manager

Enclosure