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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G58903

(7)

Mailing Address

**FAIRWAY SIGN CORPORATION** 

| FILED              |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|
| May 23 1997 8:00am |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |

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|-----------------------|------------------|--|---------|

| 418 FREMONT<br>BUILDING C<br>DAYTONA BCH<br>US | L FL 32114  |   | 418 FREMONT AVE<br>BLDG. C<br>DAYTONA BEACH FL 32<br>US                          | 2114-5314                              |                  |          |                         | 3. Date Incorporated or Qualified 09/09/1983                                     |                        | ate of Last F<br><b>01/1996</b> | Report                      |
|--|---|---|--|--|------------------|----------|-------------------------|--|------------------------|---------------------------------|-----------------------------|
|  | lace of Business                                  | Į.  | 2a. Mailing Address  |  |                  |          |                         | 4. FEI Number  |                        | A                               | pplied For                  |
| 21   | M -1.   |   | 26   |  |                  |          |                         | 59-2393336   |                        |                                 | ot Applicable               |
| Sutc. Apt<br>22                                |   |   | Suite, Apt, #, etc.  |  |                  |          |                         | 5. Certificate of Status Desired   | ×                      |                                 | Additional equired          |
| City & State<br>23                             |   |   | City & State   | ······································ |                  |          |                         | Election Campaign Financing     Trust Fund Contribution                          |                        |                                 | May Be<br>to Fees           |
| 74:<br>T.1                                     | <b></b> 1   | intry   | Zip  | <b>—</b>                               | ountry           | 1        |                         | 8. This corporation has liability for i  |                        |                                 | s. 199.032,                 |
| 24   | 25  | dress of Current Re                           | 29   | [30]                                   | -                |          | <del></del>             | Florida Statutes  10. Name and Address of New Reg                                | Yes [                  |                                 | W <b>EAT</b>                |
| EI Af  |   | diess of Current Ne                           | distated Mattr   |  | 81               | Na       | ame                     | 10. Name and Address of New Hei  | gistered .             | Agent                           | ····                        |
|  | RIO, DANIEL<br>Pelican Bay Dr                     |   |  |  |                  |          |                         |  |                        |                                 |                             |
|  | TONA FL 32119                                     |   |  |  | B2               | <u> </u> | reet Addre              | ss (P.O. Box Number is Not Acceptab  | le)                    |                                 |                             |
| •  | •   |   |  |  | 83<br>84         |          |                         |  |                        | 10c   7:0                       | Codo                        |
|  |   |   |  |  | 54               |          | ıy                      |  | FL                     | 85 Zip                          | Code                        |
| agent far                                      | eaisterea anent ar t                              | sote in the State of F                        | d 607.1508, Florida Stati<br>lorida Such change was<br>is of Section 607.0505, F | e butharia                             | וח ליסי          | ı tha    | med corpo<br>corporatio | oration submits this statement for the points board of directors. I hereby accep | urpose of<br>t the app | changing i<br>ointment as       | ts registered<br>registered |
| SIGNATURE                                      | Signature typed or printed r                      | name of registered agent and                  | Filtre if applicable (NO   | OTE: Registe                           | red Age          | en) sig  | nature require          | d when reinstating)  | DATE                   |                                 |                             |
| 12.  |   | OFFICERS AND DI                               |  | 13                                     |                  |          |                         | ADDITIONS/CHANGES TO OFFIC   |                        | DIRECTOR                        | RS IN 12                    |
| TOTALE   | PDT   |   | DELETE   | 1.1                                    | TITLE            |          |                         | 100 100 100 100 100 100 100 100 100 100  |                        | Change                          | Addition                    |
| NAME   | FLORIO, DANIEL                                    |   |  | 1.2                                    | NAME             |          |                         |  |                        |                                 |                             |
| STREET ADORESS                                 | 601 PELICAN BA                                    | Y DR  |  | 1.3                                    | STREET           | ADDR     | ESS                     |  |                        |                                 |                             |
| OTY ST ZIP                                     | DAYTONA FL  |   |  | 1.4                                    | CITY - S         | T-ZIP    |                         |  |                        |                                 |                             |
| TERLE  | DSV   |   | ☐ DELETE   | 2.1                                    | TITLE            |          |                         |  |                        | Change                          | Addition                    |
| NAMi   | rathjen, stev                                     |   |  | 2.2                                    | NAME             |          | 1                       | •  |                        |                                 |                             |
| STREET ADDRESS                                 | 948 PELICAN BA                                    |   |  | 2.3                                    | STREET           | ADDR     | ESS                     |  |                        |                                 |                             |
| , Erity - <u>S</u> 1 - 2iP                     | DAYTONA BEAC                                      | H FL  |  |  | CITY - S         | ST-ZIF   | ·                       |  |                        |                                 |                             |
| TRICE  |   |   | ☐ DELETE   |  | TITLE            |          | İ                       |  |                        | Change                          | Addition                    |
| NAME   |   |   |  |  | NAME             |          |                         |  |                        |                                 |                             |
| STREET ADDRESS                                 |   |   |  |  | STREET           |          |                         |  |                        |                                 |                             |
| City - ST - ZiP                                |   |   | DELETE   |  | CITY-S           | ST - ZIP | ·                       |  | <u>i</u>               | 0                               | Tane.                       |
| VSA:   |   |   | ™) nerest  |  | TITLE            |          |                         |  |                        | Change                          | <b>⊥</b> Addition           |
|  |   |   |  |  | NAME             |          |                         |  |                        |                                 |                             |
| STREET ADDRESS<br>CITY - ST - ZIP              |   |   |  |  | STREET           |          | 192                     |  |                        |                                 |                             |
| TITLE  | l   |   | ☐ DELETE   |  | CITY-S<br>TITLE  | 1 - ZIF  |                         |  |                        | Change                          | Addition                    |
| NAMe   |   |   | _ >,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  | NAME             |          |                         |  |                        | Change                          | Addition                    |
| STREET ADDRESS                                 |   |   |  |  |                  | Ation    | ree                     |  |                        |                                 |                             |
| CHY-SI-ZiP                                     |   |   |  |  | STREET<br>CITY-S |          | 199                     |  |                        |                                 |                             |
| UI,F   |   |   | DELETE   |  | TITLE            | 1 - ZIP  |                         | 7 11 11 11 11 11 11 11 11 11 11 11 11 11   |                        | Change                          | Addition                    |
| NAME   |   |   |  |  | NAME             |          |                         |  |                        | valinge                         | tali radinot                |
| STREET ADDRESS                                 |   |   |  |  | STREET           | ADDE     | FSS                     |  |                        |                                 |                             |
| CITY-S1-ZIP                                    |   |   |  |  | CITY-S           |          |                         |  |                        |                                 |                             |
| 14. I do hereb                                 | by certify that the info                          | rmation supplied wit                          | h this filing does not qua   | alify for th                           | e exe            | moti     | on stated i             | in Section 119.07(3)(i), Florida Statutes  | . I further            | certify that                    | the                         |
| morriation<br>an of                            | n indicated on this ai<br>Picer or director of th | nnual report or suppl<br>e comporation or the | lemontal annual report is  | s true and<br>owered to                | accu             | ırata    | and that r              | ny signature shall have the same legal<br>as required by Chapter 607, Florida St | affort or              | if made un                      | dar aath: that l            |

DANIEL FLORIO, PRESIDENT