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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J23792

1. Corporation Name

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90039 003 \*\*\*150.00

CULLY	S SIGNS PLUS, INC.							
Principal Plac	ce of Business	Mailing Address				I INNIHA DILA HINDO HINI INDIA HUND HAL DI AL	i Afail Bibil Afbil	MINIT AIDIS 1981
C/O KARL L.	JOHNSON	C/O KARL L. JOHNSON	ı					
2610 N.W. 4TH STREET 2610 N.W. 4TH STREET						DO NOT WRITE IN THE	C CDACE	
FT LAUDEFDALE FL 33311-8625 FT LAUDERDALE FL 333			311-8625	i-8625		3. Date ncorporated or Qualified	SSPACE	
						•		j
0.00-1-15	N	2a Mailine Addrona				<b>07/08/1986 4.</b> FEI Number		polied For
<u> </u>	Place of Business	2a. Mailing Address				59-2698194	ì	ot Applicable
21   Suite, # pt.	# ata	Suite, Apt. #, etc.				39-2090 194		Additional
<u> </u>	#, etc.	27				5. Certificate of Status Desired		equired
City & Sital	<u> </u>	City & State		_		6. Election Campaign Financing		May Be
<b>-</b> ′		28				Trust Fund Contribution	-	t) Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year		
24	25	29	30	,		Personal Property Tax.	Yes	□No
24)	9. Name and Address of Curr			Γ		10. Name and Address of New Registere	d Agent	
				81	Name			
JOH	inson, Karl L.							
2616	0 N.W. 4TH ST.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
FTL	LAUDERDALE FL 33311			83				
				84	City	F	85 Zip	Code
44 Dumus at	to the provisions of Systians 607.0	150° and 607 1508 Florida Sta	ti toe the a	hove	-named corre	oration submi s this statement for the purpose		suggistered
office or i	registered agent, or both, in the Sta	ite c'i Florida. Such change was	s authorized	i bv t	the corporatio	on's board of directors. I hereby accept the app	ointment as r	egistered
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, I	Florida Stat	utes.				
SIGNATUFE			T & Besievered		t signature required	d when reinstating) DA1E		
12.	Signature, typed or printed na ne of registered a	ANL) DIRECTORS	13.	Ayen	- Signature required	ADDITIONS/CHANGES TO OFFICERS	ND DIRECT	OF S IN 12
TITLE	PD	DELETE	1.1 T	ΠE			☐ Change	☐ Addition
NAME	JOHNSON, KARL L.		1.2 N				- *	_
STREET ADDRESS	AA4A 44144 4714 67		1		ADDRESS			[
	FT LAUDERDALE FL			TY-ST				
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			2.2 N					
NAME					ADDDECC			
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NAME		☐ DELETE	2, 4 C	TY-S			☐ Change	Addition
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		☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 ST	TLE AME	r-ZIP  ADDRESS		☐ Change	Addition
CITY-ST-ZIP		_	2.4 C 3.1 TI 3.2 NJ 3.3 ST 34. C	TLE AME TREET	r-ZIP  ADDRESS			
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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 uncer 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, with all other like empowered.

SIGNATURE

OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL L. JOHNSON