

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 2:56

DOCUMENT # **M39955** (3)

1. Corporation Name
SIGNAL MAINTENANCE, INC.

Principal Place of Business Mailing Address
P.O. BOX 162434 MIAMI FL 33116-9434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/10/1986** 3a. Date of Last Report **04/26/1994**

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 Country 29 Country

4. FEI Number **59-2723092** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be
Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DINER, MANUEL
48 E. FLAGLER ST.
PH-103
MIAMI FL 33131

81 Name **DINER MANUEL**
82 Street Address (P.O. Box Number is Not Acceptable)
141 NE 3 AVENUE SUITE 601
83
84 City **MIAMI** FL 85 Zip Code **33132**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BAKER, MILLARD
STREET ADDRESS	8820 SW 132 PLACE #309
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	HEATH, ROBERT
STREET ADDRESS	3740 WILLY AVE
CITY - ST - ZIP	ST CLOUD FL
TITLE	ST
NAME	BAKER, MARILYN
STREET ADDRESS	8820 SW 132 PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	ZARGO
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAKER, MILLARD
1.3 STREET ADDRESS	693 NW 133 WAY
1.4 CITY - ST - ZIP	PLANTATION, FL. 33325
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BAKER, MARILYN
3.3 STREET ADDRESS	693 NW 133 WAY
3.4 CITY - ST - ZIP	PLANTATION FL. 33325
4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ZARGO, SUSAN
4.3 STREET ADDRESS	1121 SW 72 AVE. #F-3
4.4 CITY - ST - ZIP	MIAMI, FL. 33156
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Millard Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95 592-5566
DATE TELEPHONE NUMBER