

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M39955 (3)**

1. Corporation Name  
**SIGNAL MAINTENANCE, INC.**



Principal Place of Business: P.O. BOX 162434 MIAMI FL 33116-434 US  
Mailing Address: P.O. BOX 162434 MIAMI FL 33116-434 US

3. Date Incorporated or Qualified: **10/10/1986**  
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 33116-2434 25 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 33116-2434 30 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  
**DINER, MANUEL  
141 NE 3 AVENUE  
SUITE 601  
MIAMI FL 33132**

10. Name and Address of New Registered Agent  
81 Name: **Tina Turner CPA Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable): **9485 Sunset Drive**  
83 **Suite A-230**  
84 City: **Miami** FL 85 Zip Code: **33173**

11. Pursuant to the provisions of Sections 607.0607 and 607.1502, 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 607.0305, Florida Statutes.

SIGNATURE: *[Signature]*

DATE: **2/17/96**

12. OFFICERS AND DIRECTORS

|       |                |                     |               |  |
|-------|----------------|---------------------|---------------|--|
| TITLE | NAME           | STREET ADDRESS      | CITY, ST, ZIP | <input type="checkbox"/> DELETE            |
| P     | BAKER, MILLARD | 693 NW 133 WAY      | PLANTATION FL | <input type="checkbox"/> DELETE            |
| VP    | HEATH, ROBERT  | 3740 WILLY AVE      | ST CLOUD FL   | <input checked="" type="checkbox"/> DELETE |
| V     | BAKER, MARILYN | 693 NW 133 WAY      | PLANTATION FL | <input type="checkbox"/> DELETE            |
| ST    | ZARGO, SUSAN   | 9121 SW 72 AVE #F-3 | MIAMI FL      | <input type="checkbox"/> DELETE            |
|       |                |                     |               | <input type="checkbox"/> DELETE            |
|       |                |                     |               | <input type="checkbox"/> DELETE            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|          |         |                   |                  |                |               |                   |                       |          |              |                      |                  |          |         |                   |                  |
|----------|---------|-------------------|------------------|----------------|---------------|-------------------|-----------------------|----------|--------------|----------------------|------------------|----------|---------|-------------------|------------------|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY, ST, ZIP | 15 TITLE       | 16 NAME       | 17 STREET ADDRESS | 18 CITY, ST, ZIP      | 19 TITLE | 20 NAME      | 21 STREET ADDRESS    | 22 CITY, ST, ZIP | 23 TITLE | 24 NAME | 25 STREET ADDRESS | 26 CITY, ST, ZIP |
|          |         |                   |                  | Vice President | Marilyn Baker | 693 NW 133 Way    | Plantation, Fl. 33325 | ST       | Susan Blount | 8620 SW 212 St. #303 | Miami, Fl. 33189 |          |         |                   |                  |

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)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/16/96**  
FILE NO: **592-5366**

CR2E034 (12/95)