

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000059520 (4)

1. Corporation Name

ALL TROPICAL SIGNS & SERVICES, INC.



Principal Place of Business

Mailing Address

**760 W 27TH ST
HIALEAH FL 33010**

**760 W 27TH ST
HIALEAH FL 33010**

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
65-0515641

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

10. Name and Address of New Registered Agent

**MIDSTATE LEGAL SUPPLY CORP
4435 OLD WINTER GARDEN RD
ORLANDO FL 32811**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of the person making this statement

Signature of the person making this statement

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | VIGILANTE, STEVEN | |
| STREET ADDRESS | 760 W 27TH ST | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BLOTNICK, ALEC | |
| STREET ADDRESS | 760 W 27TH STREET | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(A), 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE VIGILANTE 3/29/96

Digitized by...

CR2E034 (12/95)