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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000059520

1. Corporation Name
 ALL TROPICAL SIGNS & SERVICES, INC.



Principal Place of Business: 760 W 27TH ST HIALEAH FL 33010
 Mailing Address: 760 W 27TH ST HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
 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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 7615 W 2nd CT, Suite, Apt. #, etc.: 22
 City & State: 23 HIALEAH FL
 Zip: 24 33014 Country: 25 FLA
 2a. Mailing Address: 26 7615 W. 2nd CT, Suite, Apt. #, etc.: 27
 City & State: 28 HIALEAH FL
 Zip: 29 33014 Country: 30 FLA

9. Name and Address of Current Registered Agent
 BLOTNICK, ALEX
 760 W. 27TH ST
 HIALEAH FL 33010

10. Name and Address of New Registered Agent
 81 Name: BLOTNICK, ALEX
 82 Street Address (P.O. Box Number is Not Acceptable): 7615 W 2nd CT
 83
 84 City: HIALEAH FL 85 Zip Code: 33014

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: *Alex Blotnick* ALEX BLOTNICK DATE: _____

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7615 W 2nd CT
1.4 CITY-ST-ZIP	HIALEAH FL 33014
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7615 W. 2nd CT
2.4 CITY-ST-ZIP	HIALEAH FL 33014
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 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, with a letter like empowered.

SIGNATURE: *Alex Blotnick* ALEX BLOTNICK 4/13/99 DATE: _____ DAYTIME PHONE # _____

CR2E034 (11/98)