

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # P97000053356 (6)
 1. Corporation Name
SUPERSONIC SIGNS & BANNERS, INC.



Principal Place of Business Mailing Address
171 BLUEBROOK COURT **171 BLUEBROOK COURT**
OVIEDO FL 32766 **OVIEDO FL 32766**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address **174-A E. MITCHELL HAMMOCK RD. ~~32766~~ HAMMOCK RD.**
 21 **174-A E. MITCHELL HAMMOCK RD.** **59-3453572**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **OVIEDO, FL** 28 **OVIEDO, FL 32765**
 Zip Country Zip Country
 24 **32765** 25 29 **32765** 30 **US**

3. Date Incorporated or Qualified
06/16/1997

4. FEI Number Applied For
59-3453572 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
TODE, KRISTEEN
171 BLUEBROOK COURT
OVIEDO FL 32766

10. Name and Address of New Registered Agent
 81 Name **KRISTEEN TODD**
 82 Street Address (P.O. Box Number is Not Acceptable)
171 BLUEBROOK CT
 83 **0**
 84 City **OVIEDO** FL 85 Zip Code **32766**

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 *Kristeen Todd* DATE **4-24-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, KRISTEEN	1.2 NAME	
STREET ADDRESS	171 BLUEBROOK COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32766	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, RICK	2.2 NAME	
STREET ADDRESS	171 BLUEBROOK COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32766	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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 no address.

SIGNATURE *Kristeen Todd* *4/24/98* *4/24/98*

CR2E034 (10/97)