

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90152 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000053356**

1. Corporation Name  
**SUPERSONIC SIGNS & BANNERS, INC.**



Principal Place of Business Mailing Address  
 174-A E. MITCHELL HAMMOCK RD 174-A E. MITCHELL HAMMOCK RD.  
 OVIEDO FL 32765 OVIEDO FL 32765  
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/16/1997**

4. FEI Number **59-3453572** 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 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TODD, KRISTEEN**  
**171 BLUEBROOK CT**  
**OVIEDO FL 32766**

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 607.1508, 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	D	<input type="checkbox"/> DELETE
NAME	TODD, KRISTEEN	
STREET ADDRESS	171 BLUEBROOK COURT	
CITY-ST-ZIP	OVIEDO FL 32766	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TODD, RICK	
STREET ADDRESS	171 BLUEBROOK COURT	
CITY-ST-ZIP	OVIEDO FL 32766	
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		

1. TITLE	Director, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	TODD, KRISTEEN	
3. STREET ADDRESS	174-A E. MITCHELL HAMMOCK RD. 171 BLUEBROOK CT	
4. CITY-ST-ZIP	OVIEDO, FL 32765 OVIEDO, FL 32766-5026	
21. TITLE	DIRECTOR, V. PRESIDENT, SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	TODD, RICK	
23. STREET ADDRESS	171 BLUEBROOK CT	
24. CITY-ST-ZIP	OVIEDO, FL 32766-5026	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *R. Todd* RICHARD P. TODD, V. PRES.

3-12-99

407-366-4687

CR2E034 (11/98)