

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 AUG -9 AM 4: 12

DOCUMENT # S84116 (0)
 1. Corporation Name
 M & S SIGNS, INC.

Principal Place of Business Mailing Address
 102 DRENNEN RD. SUITE C-9 ORLANDO FL 32806 US
 102 DRENNEN RD C-9 ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 102 Drennen Rd 26 102 Drennen Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 SUITE C-9 27 SUITE C-9
 City & State City & State
 23 ORLANDO FL 28 ORLANDO FL
 Zip Country Zip Country
 24 32806 25 USA 29 32806 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
 09/30/1991 05/01/1994
 4. FEI Number Applied For
 59-3090367 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
 b. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 SANDRA SUE BOATWRIGHT
 4625 TAMWORTH CT.
 ORLANDO FL 32839

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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] DATE: 6-6-95
 NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATWRIGHT, MEREDITH L SR	1.2 NAME	
STREET ADDRESS	4625 TAMWORTH COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATWRIGHT, SANDRA SUE	2.2 NAME	
STREET ADDRESS	4625 TAMWORTH COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATWRIGHT, MICHELLE C.	3.2 NAME	
STREET ADDRESS	4625 TAMWORTH CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEREDITH L. BOATWRIGHT II	4.2 NAME	
STREET ADDRESS	4625 TAMWORTH CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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] DATE: 6/6/95
 SIGNATURE AND TYPE OF TITLE OF SIGNING OFFICER OR DIRECTOR: SANDRA SUE BOATWRIGHT
 My Home # 407 855 9162

CR2E034 (3/95)