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Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S84116 (0)

1. Corporation Name
M & S SIGNS, INC.



Principal Place of Business: 102 DRENNEN RD SUITE C-9 ORLANDO FL 32806 US
Mailing Address: 102 DRENNEN RD. SUITE C9 ORLANDO FL 32806-8511 US

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 07/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.
4. FEI Number: 59-3090367
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

9. Name and Address of Current Registered Agent
SANDRA SUE BOATWRIGHT
4825 TAMWORTH CT.
ORLANDO FL 32839

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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] SANDRA SUE BOATWRIGHT DATE: 2-7-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
DC BOATWRIGHT, MEREDITH L SR 4825 TAMWORTH COURT ORLANDO FL
DP BOATWRIGHT, SANDRA SUE 4825 TAMWORTH COURT ORLANDO FL
V BOATWRIGHT, MICHELLE C. 4825 TAMWORTH CT. ORLANDO FL
ST MEREDITH L. BOATWRIGHT II 4825 TAMWORTH CT. ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 an address.

SIGNATURE: [Signature] DATE: Daytime Phone #

CR2E034 (9/96)