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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 453807

(0)

MODERN STAMP & SIGN MFG. CO.

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May	13	1997	8:00am
Sec	cret	ary of	State



Principal Place of Business 2601 WEST CERVANTES STREET P.O. BOX 3712 PENSACOLA FL 32505-7154		Mailing Address 2601 WEST CERVANTES P.O. BOX 3712 PENSACOLA FL 32505-71		T LOOPIK BIRRU ANKOO 1990 IBINI DONIN YOON BIRNI ANGIN ANGIN ANGIN BIRNI ANGIN ANGIN ANGIN ANGIN				
					 Date Incorporated or Qualified 06/01/1974 	3a. Date	of Last F 1996	Report
2. Principal P	ace of Business	2a. Mailing Address	······································		4. FEI Number			pplied For
21	. v	26			59-1571776			ot Applicable
Suite, Abt	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stati	()	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		May Be
:3		28			Trust Fund Contribution			to Fees
Zφ	Country	Zip	Country	y	8. This corporation has liability for	intangible ta		
4	25	29	30		Florida Statutes	Yes 🗌	No	
	9. Name and Address of Cur	rent Registered Agent		Y	10. Name and Address of New Re	gistered Ag	jent	
	IMS, O.E.SR.,		81	Name				
	ORNEY AT LAW		82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)		······································
	O NORTH PALAFOX STREET		-					····
PEN	ISACOLA FL 32581		63					
			84	City			85 Zip	Code
ara ing mining sign	60 11 000	0000		<u> </u>	provation submits this statement for the partion's board of directors. I hereby acceptation's	FL		
CIZNIATITICS	Signature, type dioriprofiled name of registered	Fageor and title if applicable (NC			quired when reinstating)	DATE		
12.	OFFICERS	AND OIDECTORE						DC INI 40
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Environmental annual report or suppremental annual report is true and accurate and triat my signature shall have the same legal effect as it 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 chapter on an attachment with an address.

SIGNATURE

MATURE AND YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

211PCloud 4/28/97 433

433-6870

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