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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 544320

(5)

AMERICAN SIGNEXTRUSIONS, INC

Principal Place of Business Mailing Address											
581 S. DUNCAI	N AVE	581 S. Di	581 S. DUNCAN AVE								
CLEARWATER I	FL 34616	CLEARWA	TER FL 34616-6	3256							
							3. Date Incorporated or Qualified 09/01/1977	3a. Date o		eport	
2. Principal FI	ace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26					59-1777527 Not Applicable				
Suite, Apt 22	# eta.	Suite, 27	Suite, Apt #, etc.				5. Certificate of Status Desired Security Securi				
City & State	?	City 8	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip			Country		8. This corporation has liability for igtangible tax under s. 199.032,				
24	9. Name and Address of	29	h mant	30			Florida Statutes 2 10. Name and Address of New Re	Yes N			
0711					B1	Name	10, Hallis and Address of Hear No.	Aleter to the			
	ART, RODERICK B. (C.P.A)						·····			
	S. DUNCAN AVE		62			Street Ad	ddress (P.O. Box Number is Not Acceptable)				
CLE	ARWATER FL 34616			ŀ	83						
								·			
					84	City		FL	5 Zip (Code	
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.150	8. Florida Statu	utes, the at	oove	named co	propration submits this statement for the	ourpose of ch	anging it	s registered	
office or re agent. La	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Suc e obligations of, Secti	ch change was on 607.0505, F	authorized Iorida Stat	ರ by utes	the corpoi	ration's board of directors. I hereby acce	pt the appoint	ment as	registerea	
SIGNATURE											
	Signatural typed or printed name of rege			_	1 Age	nt signature rec	quired when reinstating)	DATE			
12.	, <u></u>	RS AND DIRECTORS	DELETE	13.		<u> </u>	ADDITIONS/CHANGES TO OFFI		RECTOR Change	RS IN 12 Addition	
TITLE	P CTILLNO IOUN		U DECETE	1,1 Ti				لــا	Criange	Muulion	
NAME	STILLING, JOHN			1.2 NA							
STREET ADDRESS	581 S DUNCAN AVE CLEARWATER, FL 00000	^				ADDRESS					
CITY+ST+ZIF TITLE	ST ST	 	DELETE	1.4 CI 2.1 Ti		II - ZiP			Change	Addition	
NAME	STILLING, ELFRIEDE			2.2 NAME		j		}	onango		
STREET ADDRESS	581 S DUNCAN AVE					ADDRESS					
City-St-ZiP	CLEARWATER, FL 0000	n		2.4C							
T:TLE	VP		☐ DELETE	3.1 TI	~~~~	ar. CH			Change	☐ Addition	
NAME	STUART, RODERICK B.		_	3.2 N/					-		
STREET ADDRESS	581 S DUNCAN AVE					ADDRESS					
CITY-ST-ZIF	CLEARWATER FL			3.4. C	ITY - 9	ST-ZIP					
TOLE			DELETE	4.1 TU					Change	Addition	
NAME				. 4.2 N	AME						
STREET AUDRESS				4.3 ST	TREET	ADDRESS					
CPYY - ST - ZIP				4.4 CI	TY-S	iT-ZIP				,	
TITLE			DELETE	5.1 TI	TLE				Change	Addition	
NAME				5.2 N/	4ME						
STREET ADDRESS				5.3 ST	TREET	ADDRESS					
City - St - ZiP				5 4 DI	TY-S	IT-ZIP					
TITLE			DELETE	61 T	TLE				Change	Addition	
NAME				62 N	AME						
SERVICE LANGES	1			6357	TREET	Annaess					

SIGNATURE:

Roderide Betweent

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. 1/23/97 (13)-446-1706

FILED

Jan 29 1997 8:00am

Secretary of State