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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90008 030 ***150.00

U	OCOMENT	#	5	44	1:3	2	
1.	Corporation Name		_	•	. •		_

AMERICAN SIGNEXTRUSIONS, INC

Principal Place of Business 581-9. DUNGAN-AVE IDOO PINCLIAS ST. CLEARWATER FL 33756

Mailing Address

581 S. DUNCAN AVE CLEARWATER FL 33756

		BLOSS BIEST GIBIT BIEST IRAS

US US			DO NOT WRITE IN THIS SPACE						
					3. Date Incorporated or Qualifed 09/01/1977				
2.	Principal Place of Business	2a. Mailing Address		- 1	4. FEI Number		Applied For		
21	1000 Pinellas St.	26 1000 Pinellas	•	5t.	59-17775 <u>27</u>		Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired		75 Additional ee Required		
23	City & State	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be		
24	Zip Country 25	Zip Co.	intry		This corporation owes the current year In Personal Property Tax.	ntangible Yes			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
STUART, RODERICK B. (C.P.A.) 581 S. DUNCAN AVE			81 82	82 Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 34616			83						
			84	CityCLe	arwater FI	85	Zip Code 3375 6		

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				DAT		
	Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTOR		egistered Agent signature r	ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	P OFFICERS AND BIRECTOR	DELETE	1.1 TITLE	P	Change	Addition
	STILLING, JOHN	<u> </u>	1.2 NAME	STILLING, JOHN		_
NAME			1.3 STREET ADDRESS	1800 Pinellas St.		
STREET ADDRESS	581 S DUNCAN AVE		•		_	
CITY-ST-ZIP	CLEARWATER, FL 00000 33756		1.4 CITY-ST-ZIP	Clearwater, FL 33756		Addition
TITLE	ST	☐ DELETE	2.1 TITLE	ST STEPLEDE	On Change	L Addition
NAME	STILLING, ELFRIEDE		2.2 NAME	STILLING, ELFRIEDE		
STREET ADDRESS	581 S DUNCAN AVE		2.3 STREET ADDRESS	1000 PINELLAS ST.		
CITY-ST-ZIP	CLEARWATER, FL 00000 33756		2.4 CITY-\$T-ZIP	CLEARWATER, FL. 3375	<u> </u>	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	Change	. 🔲 Addition
NAME	STUART, RODERICK B.		3.2 NAME	STUART, RODERIUM B.		
STREET ADDRESS	581 S DUNCAN AVE		3.3 STREET ADDRESS	1000 PINELLAS ST.		
CITY-ST-ZIP	CLEARWATER FL 33756		3.4. CITY-ST-ZIP	CLEARWATER, FL 3375	<u>ر</u> کا	
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME	·		
STREET ADDRESS			5.3 STREET ADDRESS	,		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			ı

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 on an attachment with an address, with all other like empowered.

SIGNATURE: