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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F78052			
1. Corporation Name ATLANTIC SIGNS, INC.			
Principal Place of Business % STEVEN C. KOEGLER 107 MOTT STREET JACKSONVILLE FL 32254 US		Mailing Address % STEVEN C. KOEGLER 107 MOTT STREET JACKSONVILLE FL 32205	
2. Principal Place of Business 21 107 Mott Street Suite, Apt. #, etc. 22		2a. Mailing Address 26 107 Mott Street Suite, Apt. #, etc. 27	
City & State 23 Jacksonville, Florida Zip Country 24 32254 25 US		City & State 28 Jacksonville, Florida Zip Country 29 32254 30 UX	
9. Name and Address of Current Registered Agent KOEGLER, STEVEN C. 10161 DEERWOOD PARK BLVD BUILDING 100 SUITE 200 JACKSONVILLE FL 32256			
10. Name and Address of New Registered Agent 81 Name James V. Walker 82 Street Address (P.O. Box Number is Not Acceptable) 217 Ponte Vedra Park Drive 83 Suite 200 84 City Ponte Vedra Beach FL 85 Zip Code 32082			
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 <i>James V. Walker</i> JAN 11 1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PST JORDAN, ROBERT 107 MOTT ST JACKSONVILLE, FL 00000 32254 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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:

Robert Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)