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FILED  
May 12 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 # F92000000503 (4)

1. Corporation Name  
SIGN CRAFT, INC.



Principal Place of Business  
8355 GARDEN ROAD  
RIVIERA BEACH FL 33409  
US

Mailing Address  
3210 EAST 96TH ST.  
INDIANAPOLIS IN 46240-3719

3. Date Incorporated or Qualified 12/03/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0342134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAN E	1.2 NAME	
STREET ADDRESS	1550 S OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ALAN V	2.2 NAME	
STREET ADDRESS	3210 EAST 96TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM A	3.2 NAME	
STREET ADDRESS	3210 EAST 96TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTLIB, SUMMER	4.2 NAME	
STREET ADDRESS	1674 RYE TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	
TITLE	TP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUSIECKI, LINDA M	5.2 NAME	
STREET ADDRESS	1890 CHURCH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENOWETH, JAN R	6.2 NAME	
STREET ADDRESS	3210 EAST 96TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	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:

*Jan R Chenoweth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97  
Date

317-577-2413  
Daytime Phone #

CR2E034 (9/96)