


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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0342134	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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		
			85 Zip Code FL		
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 Signature: typed or printed name of registered agent and tax, if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	YOUNG, DAN E				
STREET ADDRESS	1650 G OCEAN BLVD.				
CITY-ST-ZIP	MANALAPAN FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	YOUNG, ALAN V				
STREET ADDRESS	3210 EAST 96TH ST.				
CITY-ST-ZIP	INDIANAPOLIS IN 46240				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	YOUNG, WILLIAM A				
STREET ADDRESS	3210 EAST 96TH ST.				
CITY-ST-ZIP	INDIANAPOLIS IN 46240				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	GOTLIB, SUMMER				
STREET ADDRESS	1874 RYE TERR				
CITY-ST-ZIP	WELLINGTON FL				
TITLE	TP	<input type="checkbox"/> DELETE			
NAME	PRUSIECKI, LINDA M				
STREET ADDRESS	1890 CHURCH ST.				
CITY-ST-ZIP	WEST PALM BEACH FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	CHENOWETH, JAN R				
STREET ADDRESS	3210 EAST 96TH ST.				
CITY-ST-ZIP	INDIANAPOLIS IN 46240				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Jan R Chenoweth

4/28/98 317-577-2413

CR2E034 (10/97)