

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90216 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000503

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/03/1992

4. FEI Number  
65-0342134

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME YOUNG, DAN E  
STREET ADDRESS 4001 S DECATUR BLVD STE 37-314  
CITY-ST-ZIP LAS VEGAS NV 89103

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME YOUNG, ALAN V  
STREET ADDRESS 3210 EAST 96TH ST.  
CITY-ST-ZIP INDIANAPOLIS IN 46240

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D  
NAME YOUNG, WILLIAM A  
STREET ADDRESS 3210 EAST 96TH ST.  
CITY-ST-ZIP INDIANAPOLIS IN 46240

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE V  
NAME GOTLIB, SUMMER  
STREET ADDRESS 1674 RYE TERR  
CITY-ST-ZIP WELLINGTON FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TP  
NAME PRUSIECKI, LINDA M  
STREET ADDRESS 1890 CHURCH ST.  
CITY-ST-ZIP WEST PALM BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE S  
NAME CHENOWETH, JAN R  
STREET ADDRESS 3210 EAST 96TH ST.  
CITY-ST-ZIP INDIANAPOLIS IN 46240

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

317-577-2413

CR2E034 (11/98)