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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G09358 (4) 1. Corporation Name E. & L. SIGNS., INC.								
Principal Place 1901 S.W. 10 MIRAMAR FL	I AVE BAY		1901	Mailing Address 1901 S.W. 101 AVE., BAY H MIRAMAR FL 33025-1803				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Pla		10SS	26					11/23/1982 4. FEI Number Applied For Not Applicable
Suite, Apt. #			27					Certificate of Status Desired     Section       Secti
City & State  23  Zip	, — <del>—</del> —	Country	28	City & State 28 Zip Country			<del> </del>	6. Election Campaign Financing Trust Fund Contribution Added to Fees
24				30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent
TARRADELL, EUSEBIO 4840 NW 184 TERR MRAMI FL 33055					ŀ	81 82 83 84	Street Add	dress (P.O. Box Number is Not Acceptable)
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 ill applicable. (NOTE: Registered Agent signature required when relinatating)  DATE								
12.	Signature, system		S AND DIRECTOR		13.	) Ale	Int signature rades	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DELETE	1,1 TIT	(LE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		n, armando IW 45 ave. Il		1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 1.1 DELETE 3.1 TII 3.2 NA 3.3 ST		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PADRON	N, MARISELA IW 45 AVE.						Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						TLE Ame Reet	ADDRESS ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ITLE AME TREET ADDRESS			DELETE		4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TLE  MME  REET ADDRESS			DELETE 5.1 TITL 5.2 NAM		TLE AME REET	ADDRESS	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			, Marie Paris	DELETE 6.1 TITL 6.2 NAM		TLE AME REET	ADDRESS	☐ Change ☐ Addition
14. I hereby co- indicated of officer or d	on this annua director of the	al report or supplem	nental annual rep i receiver or truste	ort is true and accee empowered to	for the exe	mpt tha	tion stated in at my signatu	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in