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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # (

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ACTION SIGNS, INC.

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|--|--|--|--|---|--|
| Principal Place o | f Business | Mailing Address | | | T DEIC MANNA MENNA MENNA MINNA MANNA MINNA ANNA 1801 |
| 5380 CATALYST AVE. | | 5380 CATALYST AVE. | | | |
| % EDWARD J. | WALLER, JR. | % EDWARD J. WALLE | ER. JR. | | |
| SARASOTA FL 34233 | | SARASOTA FL 34233 | | 3. Date Incorporated or Qualified 12/10/1982 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2246744 | Not Applicable |
| Suite, Apt. #, | etc. | Suite. Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | Country | | Country | 8. This corporation has liability for | |
| Zip 24 | 25 | 29 | 30 | Florida Statutes X Yes | □No |
| | 9. Name and Address of Cur | rent Registered Agent | | 10. Name and Address of New F | Registered Agent |
| | | | 81 Name | | |
| | EDWARD J., JR. | | 82 Street Add | ress (P.O. Box Number is Not Acceptat | ole) |
| | TALYST AVE. TA FL 34233 | | 83 | | |
| 0, 40 10 0 | | | 84 City | | 85 Zip Code |
| | | | | oration submits this statement for the pu | FL of the societared office |
| QIONATURE | d agail, or boin, in the State of n, and accept the obligations of, S signature system or protect not no reconnected | special arise from Lappolic Ables (f | NOTE: Registra of Apentisyr afteroracy in | | DATE |
| familiar with SIGNATURE S 12. HILE NAME SPREST ADDRESS | Signature, typeol or printed herrold registered a | | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| familiar with SIGNATURE S 12. HT: F NAME | PTD WALLER, EDWARD 5380 CATALYST AVE. SARASOTA FL | openic and three Lapplesable (F | 13. 1 VIDE 12 NAM 1.3 STREE ADDRESS 14 CRY-SL ZIP 2 1 THE | | ICERS AND DIRECTORS IN 12 |
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SIGNATURE: STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

196 941-924-9569