


FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE	
1998				Sandra B. Mortham Secretary of State	
				DIVISION OF CORPORATIONS	
DOCUMENT # J65349 (9)					
1. Corporation Name					
CENTRAL SIGNS OF VOLUSIA COUNTY, INC.					
Principal Place of Business			Mailing Address		
487 BUCHANAN WAY			P.O. BOX 4017		
SOUTH DAYTONA FL 32119			SOUTH DAYTONA FL 32121-4017		
US					

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	1835 1/2 S. RIDGEWOOD AVE	26	P.O. BOX 4017	59-2807877		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27	S. DAYTONA FL 32121-4017	<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	S. DAYTONA FL	28		<input type="checkbox"/>			
Zip		Zip		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	
24	32119	29	32121	Country			
25	U.S.A.	30	U.S.A.				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMERON, CHARLES L. 497 BUCHANAN WAY SOUTH DAYTONA FL 32119		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City

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 respondent, agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, CHARLES L.	1.2 NAME	P
STREET ADDRESS	497 BUCHANAN WAY	1.3 STREET ADDRESS	1835 1/2 S. RIDGEWOOD AVE
CITY - ST - ZIP	SO. DAYTONA FL	1.4 CITY - ST - ZIP	SOUTH DAYTONA, FL 32119
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, CHARLES L.	2.2 NAME	
STREET ADDRESS	497 BUCHANAN WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	SO. DAYTONA FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 as an attachment with an address.

SIGNATURE:

2/5/98

261-1041

CR2E034 (10/97)