

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90003 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J68995**
 Corporation Name
SPEEDY SIGN-A-RAMA USA, INC.



Principal Place of Business: 301 BELVEDERE ROAD SUITE 402 EAST EST PALM BEACH FL 33406
 Mailing Address: 1636 NEW HIGHWAY FARMINGDALE NY 11735

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-1737365	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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.

GNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E 1E EET ADDRESS -ST-ZIP	D TITUS, ROY W. 1640 NEW HIGHWAY FARMINGDALE NY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS -ST-ZIP	STD SWANSON, STANLEY R. 1640 NEW HIGHWAY FARMINGDALE NY 11735 <input type="checkbox"/> DELETE	1.2 NAME	
E 1E EET ADDRESS -ST-ZIP	PD TITUS, RAYMOND W 1640 NEW HIGHWAY FARMINGDALE NY <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
E 1E EET ADDRESS -ST-ZIP	D TITUS, ROBERT 19 STEERS AVE NORTHPORT NY 11745 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	D Titus, Robert
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	1640 New Highway
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	Farmingdale NY 11735
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
E 1E EET ADDRESS -ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

GNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED** 2 July 1999 (516) 249-1370
 Date Daytime Phone #

Vertical text on the right margin.

CR2E034 (5/99)