Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90077 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	K58266
1. Corporation Name		

CURTIS SIGNS, INC.

Principal	Place	of	Bus	ine	SS

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

4774 S.W. 75TH AVENUE MIAMI FL 33155

4774 S.W. 75TH AVENUE

MIAM! FL 33155

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPAC	DO NOT	WRITE IN	THIS SPAC
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3. Date Incorporated or Qualifed 01/13/1989

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

65-0094007

23		28				Trust Fund	Contribution	L.J	Added to	Fees
Zip	Country	Zip		Country		8. This corpor	ation owes the curr	ent year Inta		
24	25	29	30) <u> </u>			operty Tax.			□No
	Name and Address of Current Registered Agent					10. Name and	Address of New F	Registered /	Agent	
	DIEGED CLIDTIC			81	Name					-
RIEGER, CURTIS 4774 S.W. 75TH AVENUE					Street Add	dress (P.O. Box Nur	nber is Not Accepta	able)		
I	MIAMI FL 33155				_				·	
				-			_		85 Zip C	-do
				84	City			FL	85 Zip C	
l office	uant to the provisions of Sections 60's or registered agent, or both, in the st. I am familiar with, and accept the c	State of Florida. Su	ich change was auth	orized by	the corpora	rporation submits thi tion's board of direct	s statement for the ors. I hereby accep	purpose of ot the appoin	changing its introduced the change of the ch	registered pistered
SIGNATU	JRE Signature, typed or printed name of register	red agent and trie if applic	ohia (NOTE: Re	raistered Agen	l signature requi	ired when reinstating)	_	DATE	•	\
12.		S AND DIRECTO		13.	it orginatore requi		CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE	T		_	•	Change	Addition
NAME	RIEGER, CURTIS			1.2 NAME						
STREET ADD	A774 CIA/ PETIL AUCMIN			1.3 STREET	ADDRESS		•			
CITY-ST-ZIP	MIAMI FL			1.4 CITY- \$1	T-ZIP					
TITLE			☐ DELETÉ	2.1 TITLE		. 7			Change	Addition
NAME				2.2 NAME	İ	;				f
STREET ADD	RESS			2.3 STREET	ADDRESS			-	ء المعيد	
CITY-ST-ZIP				2.4 CITY-S	T-21P		_			
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NAME				3.2 NAME						
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TITLE			☐ DELETE	4.1 TITLE			á.		Change	☐ Addition
NAME	j			4. 2 NAME	ĺ					
STREET ADD	RESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					
TITLE	(☐ DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME						
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CITY-ST-ZIP				5.4 CITY- \$ 6.1 TITLE	1-ZIP		_		Change	Addition
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NAME	1				LADDDEDD					
STREET ADD	RESS			6.3 STREET						
ADV AT TO	. 1			6.4 CITY-S	∃-ZIP I					

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 addless, with all other like empowered.

SIGNATURE:

VPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR