## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

CITY-ST-ZIP

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 08 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporatio	on Name / L3U464	7 (6)			
WAI K-IN	N 1-HOUR SIGNS, INC.	• •			
***********	4 ( HACII AIMIAN) IIAN			A PARAMENT RUR ANNA RANKA RIANG RANKA BARA BARA BARA	(Arrajan Djan Blan Albu Albu Ba
Principal Plac	ce of Business	Mailing Address		a regulate den attit entit ninin gijt. Dint diet d	AND BANK NINK KINI NINK NINK
% JAMES W. TRIMARCO		% JAMES W. TRIMARCO			
5696 W. WATERS AVE. TAMPA FL 33634-1218		5636 W. WATERS AVE.		DO NOT WRITE IN THIS	SDACE
I IAMPA FL 336	534-1213	TAMPA FL 33634-1213		3. Date Incorporated or Qualified	GI AUL
				11/17/1989	
2. Principal P	Place of Business	2a. Mailing Address	<del></del>	4. FÉI Number	Applied For
21		26		59-3028185	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		T. Salarious S. Guida Booling	Fee Required
City & State		City & State		Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent	041	10. Name and Address of New Registered	Agent
	MARCO, JAMES W.		81 Name		
5636 W. WATERS AVE.		82 Street Add	ress (P.O. Box Number Is Not Acceptable)	<del></del>	
TAMPA FL 33814			83		
			[83]		
			84 City	FL	85 Zip Code
11. Pursuani	t to the provisions of sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose of ch	anging its registered
office or	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was a	authorized by the corporati	ion's board of directors. I hereby accept the appoir	ntment as registered
OMOUNT I	an langua with, and accept the obit	gations of, section 607.0505. Fig	orida St <u>a</u> tutes.		•
SIGNATURE		TRIMARCO	Jans W.	Tresenero 7/11	198
SIGNATURE	Signature, typed or printed name of registered ag	TRIMAK (6) pent and title if applicable. (NO	OT Chagislared Agent signature req	ulred when reinstating) DATE	198
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	TRIMAK (b) pent and title if applicable. (NO IND DIRECTORS	OT Registered Agent signature reg		<del></del>
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	TRIMAK (6) pent and title if applicable. (NO	OT Registered Agent signature req	ulred when reinstating) DATE	ID DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D TRIMARCO, JAMES W.	TRIMAK (b) pent and title if applicable. (NO IND DIRECTORS	TOTASpistered Agent signature required 13.  1.1 TITLE  1.2 NAME	ulred when reinstating) DATE	<del></del>
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A  D TRIMARCO, JAMES W. 13026 DELWOOD RD	TRIMAK (b) pent and title if applicable. (NO IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ulred when reinstating) DATE	<del></del>
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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 address.

5/1/94 (012) 884-8606