FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:59

DOCUMENT # L32323 (2)

1. Corporation Name
SIGNS OF DISTINCTION, INC.

Principal Place of Business	Mailing Address
C/O JUDITH ALFONSO 350 BUSINESS PARK WAY, SUITE 102 ROYAL PALM BEACH FL 33411	C/O JUDITH ALFONSO 350 BUSINESS PARK WAY, SUITE 102 ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1989
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0157087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALFONSO, JUDITH
12810 51ST COURT NORTH
ROYAL PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code 33411

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	☒ Change	☒ Addition
NAME	ALFONSO, JUDITH	1.2 NAME		
STREET ADDRESS	12810 51ST COURT NO.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH. FL	1.4 CITY-ST-ZIP	West Palm Bch, FL 33411	
TITLE	P	2.1 TITLE	☐ Change	☒ Addition
NAME	ALFONSO, FRANK	2.2 NAME		
STREET ADDRESS	12810 51ST COURT NO.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	33411	
TITLE	VP	3.1 TITLE	☐ Change	☒ Addition
NAME	STRACK, KARL	3.2 NAME		
STREET ADDRESS	4930 129TH AVE. NO.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	33411	
TITLE	S	4.1 TITLE	☐ Change	☒ Addition
NAME	STRACK, JEANNE	4.2 NAME		
STREET ADDRESS	4930 129TH AVE. NO.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH. FL	4.4 CITY-ST-ZIP	33411	
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Judith ALFONSO Judith Alfonso 1-9-95 407-798-3621
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AGENT OR DIRECTOR — Date — Daytime Phone #

0281677 - CP