FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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)

3. Date Incorporated or Qualified: **11/22/1989**

3a. Date of Last Report: **01/26/1995**

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 33411

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

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. S/he is changing as authorized by the corporation's board of directors. S/he/it, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALFONSO, JUDITH		1.2 NAME	
STREET ADDRESS	12810 51ST COURT NO.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	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	
TITLE	VP	☐ DELETE	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	
TITLE	S	☐ DELETE	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	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 address.

SIGNATURE: Judith M. Alfonso 4/10/96 561-798-3621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number