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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name AMERISIGN, INC.

L45815

(2)

FILED Apr 09 1998 8:00am Secretary of State

7 40 12.1				
Principal Place of Business		Mailing Address		1 (SECTION SILEMENT SIDE SIDE SINCE SIDE SIDE SIDE SIDE SIDE SIDE SIDE SID
C/O KAREN J. WALLACE		C/O KAREN J. WALLACE		
958 NORTH		958 NORTH LAKE BLV		DO NOT IMPITE IN THIS SPACE
NORIH PALI	N BEACH FL 33403	NORTH PALM BEACH	FL 33403	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				01/24/1990
_ `	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21]		26		65-0183978 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 2 2 2 City & State		27		Fee Required
		City & State		6. Election Campaign Financing \$5.00 May Be
23 Zin	Country	28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zιρ	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 D. Name and Address of Curre	29	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9, Name and Address of Current Registered Agent			81 Name	10, Name and Address of New Hogestoles Agent
WALLACE, CRAIG 6138 WOOD LAKE ROAD			110,110	
JUPITER FL 33458			82 Street A	Address (P.O. Box Number is Not Acceptable)
J 30	FILEN FL 33430		83	
			00	
			84 City	FL 85 Zip Code
44 6	1. 1	00 1 007 15 00 Ft	<u> </u>	
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Florida Such change was	lutes, the above-named (s authorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. La	am familiar with, and accept the obli	gations of, Section 607.0505, I	Florida Statutes.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE				
	Signature, typed or printed name of trigistimed a		OTE. Registered Agent signature	
12.	I D	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
ł	WALLACE, KAREN J.		1.1 TITLE	
NAME	6138 WOOD LAKE RD.		1.2 NAME	
STREET ADDRESS	JUPITER FL		1.3 STREET ADDRESS	
CITY-ST-ZIP	D	Driett	1.4 CITY - ST - ZIP	
TITLE	-	☐ DELETE	2.1 TITLE	Change Addition
NAME	WALLACE, CRAIG L. 6138 WOOD LAKE RD.		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME	1		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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	1		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 gradued, or on an attachment with an address.

SIGNATURE: Karen Wallan, Karen Wallace 4/1/98 (54)848-4800

CR2E034 (10/9)