

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

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

FILED

92 JUN 10 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L45815

1. Corporation Name

Amerisign, Inc.

Principal Place of Business

Mailing Address

6138 Wood Lake Rd.  
Jupiter, FL  
33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For  |
| 21                             | 26                  | <u>65-0183978</u>   | Not Applicable   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution                      | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| City & State                   | City & State        | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23                             | 28                  |   |  |
| Zip                            | Country             |   |  |
| 24                             | 25                  |   |  |
|                                | 29                  |   |  |
|                                | 30                  |   |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Craig Wallace  
6138 Wood Lake Rd.  
Jupiter, FL 33458

|   |                           |
|---|---------------------------|
| 81 Name   | <u>Karen Wallace</u>      |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <u>6138 Wood Lake Rd.</u> |
| 83  | <u>Jupiter</u>            |
| 84 City   | <u>FL</u>                 |
| 85 Zip Code   | <u>33458</u>              |

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

Karen J. Wallace

Karen J. Wallace

6/4/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <u>D Karen Wallace, Pres.</u>    | 1.2 NAME  |   |
| STREET ADDRESS             | <u>6138 Wood Lake Rd.</u>        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <u>Jupiter, FL 33458</u>         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <u>DCraig Wallace, Secretary</u> | 2.2 NAME  |   |
| STREET ADDRESS             | <u>6138 Wood Lake Rd.</u>        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <u>Jupiter, FL 33458</u>         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 3.2 NAME  |   |
| STREET ADDRESS             |                                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 4.2 NAME  |   |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 5.2 NAME  |   |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 6.2 NAME  |   |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 6.4 CITY-ST-ZIP                                       |   |

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, with all other like empowered.

SIGNATURE:

Karen J. Wallace

6/4/99 (561) 746-8738

CR2E034 (11/98)