## FILE NOW: FILING FEE AFTER MAY 1ST IS

**PROFIT CORPORATION ANNUAL REPORT** 

1998



**FILED** 

Feb 20 1998 8:00am

Secretary of State

Secretary of Sate DIVISION OF CORPORATIONS

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address.

1. Corporation	MEN 1 # L50497 ESIGNS, INC:	(1)			
Principal Plac	e of Business	Mailing Address		-{	föll bible ötött ölbit bible atbit 1881
3735 COMMERCIAL WAY SPRING HILL FL 34606		3735 COMMERCIAL WAY SPRING HILL FL 34606		00.007.00777	17.110 OD 4 OF
US		US		DO NOT WRITE IN	THIS SPACE
1				3. Date Incorporated or Qualified 02/12/1990	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ido di Badinodo	26		59-2994854	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			60 75 A 488 1
22		27		Certificate of Status Desired	Fee Required
City & Stat	ө	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<del>,</del>		Added to Fees
Zip	Country	Zip	Country	6. This corporation owes or has paid	
24	25	29 Section of Agent	30	Personal Property Tax due June 30  10. Name and Address of New Regis	
	9, Name and Address of Current	negistered Agent	81 Name		
	ILLANCOURT, RICHARD A.		UAJLU	MANCOURT RICH	ARD A
	85 COMMERCIAL WAY	388 (F.O. DOX NUITIDELIS MOLACCEDIZADIE.			
SUITE F SUBMIC LIHE ST 24606					
SP	ring Hill FL 34606		1]2		
			84 STYPRIN	10 1111	FL 85 Zip Code
44 Purcuant	to the provisions of Sections 607 0502	and 607 1509 Florida Statut	tes the phone named corn	retion submits this statement for the pur	
office or r	registered agent, or both, in the State of	Florida Such change was	authorized by the corporation	pration submits this statement for the pur on's board of directors. I hereby accept t	the appointment as registered
agent. I s	m familiar with, and accept the obligati	ions of, Section 607.0505, Fl	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E: Regiale ad Agent signature require	d when reinstation)	DATE
12.	OFFICERS AND		13	ADDITIONS/CHANGES TO OFFICE	<del></del>
TITLE	D	☐ DELETE	1.1 ITLE		Change Addition
NAME	VAILLANCOURT, RICHARD A.		1.2 JAME		
STREET ADDRESS	3585 COMMERCIAL WAY		1.3 TREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		1.4 ITY-ST-ZIP		
TITLE	D	DELETE	2: TLE		☐ Change ☐ Addition
NAME	VAILLANCOURT, PATRICIA P		2: AME		
STREET ADDRESS	3585 COMMERCIAL WAY		2: REET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		2. TY-ST-ZIP		
TITLE		DELETE	3. LE		Change Addition
NAME			3. ME		
STREET ADDRESS			3 EET ADDRESS		
CITY-ST-ZIP			S Y-ST-ZIP		
TITLE		☐ DELETE	· E		Change Addition
NAME			. ■ ME		
STREET ADDRESS			4.3 ET ADDRESS		
CITY-ST-2IP			- ST - ZIP		
TITLE		☐ DELETE			Change Addition
NAME			, <b>1</b>		
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP			-ST-ZIP		
TITLE		☐ DELETE	6		Change Addition
NAME			, 6. IE		
STREET ADDRESS			: 6. EET ADDRESS		

EET ADORESS

nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

312-683-6718

2-14-1897