

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 # **L63297** (0)

1. Corporation Name

ADOLFO A SIGN COMPANY, INC.



Principal Place of Business

% ARMANDO NOCIK
2003 W MCNAB RD #17
POMPANO BEACH FL 33069

Mailing Address

% ARMANDO NOCIK
2003 W MCNAB RD #17
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified
04/02/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 **2033-L W. McNAB RD.**

2a. Mailing Address

26 **2033-L W. McNAB RD.**

4. FEI Number

65-0173982

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**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 **POMPANO BEACH, FL**

City & State

28 **POMPANO BEACH, FL**

Zip

24 **33069**

Country

Zip

29 **33069**

Country

30

9. Name and Address of Current Registered Agent

NOCIK, ARMANDO
2003 WEST MCNAB RD.
#17
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

NOCIK, ARMANDO

82 Street Address (P.O. Box Number is Not Acceptable)

2033-L W. McNAB RD

83

84 City

POMPANO BEACH

FL

Zip Code

33069

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, as shown in this report 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 agree to the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4-4-96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **NOCIK, ARMANDO**
STREET ADDRESS **2003 MCNAB RD. #17**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
NOCIK, ARMANDO
2033-L W. McNAB RD
POMPANO BEACH, FL 33069

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

Date

954 968-8300

Daytime Phone #

CR2E034 (12/95)