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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED PROFIT** Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) THERMOPLASTIC AND SIGNS INC. Principal Place of Business Mailing Address 7780 NW 73RD CT 7780 NW 73RD CT MEDLEY FL 33166 MEDLEY FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0232494 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 REYES, ANTONIO J. 0220 CHASE AVE: 82 mber is Not Acceptable) MAMI-BCH. FL 33140-83 84 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 nd tille il applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE SD EYES, ANTONIO J. REYES, ANTONIO J 1.2 NAME NAME 320 W. SATMARINO DR. 7780 NW 73RD CT. 1.3 STREET ADDRESS STREET ADDRESS Bijac'h 93139 MEDLEY FL 33100 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE -REYES, AIDA M -2.2 NAME NAME CESEEN) <del>7788 NW 73RD CT:</del> 2.3 STREET ADDRESS STREET ADDRESS MEDLEY FL 33166 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE LASHINSKY, LOUIS H 3.2 NAME 7780 NW 73RD CT. 3.3 STREET ADDRESS STREET ADDRESS MEDLEY FL 33166 3.4, CITY-ST-ZIP CITY-ST-ZIP Addition PELETE 4.1 TITLE TITLE NAME LOPEZ, EDUARDO 4. 2 NAME 7700 NW 73RD CT RESIGN) 4.3 STREET ADDRESS STREET ADDRESS MEDLEY FL 33186 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETÉ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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