

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L86418** (5)

1. Corporation Name

DESIGNER SIGN SYSTEMS, INC.



Principal Place of Business

**1013 CENTRE ROAD
PO BOX 591
WILMINGTON DE 19899**

Mailing Address

**1013 CENTRE ROAD
PO BOX 591
WILMINGTON DE 19899**

2. Principal Place of Business

21 1666 West McNab Rd.

Suite, Apt. #, etc

22
City & State

23 Ft. Lauderdale, FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 1666 West McNab Rd.

Suite, Apt. #, etc

27
City & State

28 Ft. Lauderdale, FL

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

Signature typed or printed name of registered agent for Florida corporation

Signature typed or printed name of registered agent for Florida corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BARBIERI, ANTHONY	352 WASHINGTON AVE.	CARLSTADT NJ	☐
VT	BARBIERI, JUDITH	352 WASHINGTON AVE.	CARLSTADT NJ	☐
VS	PIERSON, PAUL	1666 WEST McNAB RD.	FT. LAUDERDALE FL	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL PIERSON

3/27/96

954-972-0707

CR2E034 (12/95)