PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	Sandra E Secreta	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS	1	Jun 17 1997 8:00ar Secretary of State	
Corporation Name	88164 <b>xstom Signs, l</b> i	nc.			
ncipal Place of Business	Mailing Address		<u></u> .		
	PO BOX Z Pulm Beac	4D Y			
	Pulm Beach	h, F1. 334	3. Date Incorporated or Qualific	d 3a. Date of Last Report	
Principal Place of Business	2a. Mailing Addross		4. FEI Number	Applied For	
26 POBOX 2404 uite, Apt. #, etc.		66-020887	Not Applicab		
	27	<u>1</u>	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required	
City & State	28 Pulm Beau	h. Fl.	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be	
Zip Country	22400	Country 125A	8. This corporation has liability f	or intangible tax under s. 199.032.	
25 9. Name and Address	29 00780 a of Current Registered Agent		Florida Statutes 10. Name and Address of New	Yes INO	
awronce Abra	umson,	81 Name			
	a Riad	82 Street A	ddress (P.O. Box Number is Not Accept	table)	
860 Fo <i>re</i> st Hi	II INVA				
860 Fo <i>le</i> st Hi UPB, FL. 334	106	83			
BGO, Forest Hi OPB, FL. 334	ns 607.0502 and 607.1508. Florida Statut	84 City	corporation submits this statement for the oration's board of directors. I hereby acc	FL 85 Zip Code e purpose of changing its registered cept the appointment as registered	
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	PLEASE READ	ALL INSTRUCT	ONS BEFORE	COMPLETING THIS	FORM.		
***	PLICATION FQR ISTATEMENT	FLORIDA DEPAF Sandra I Secreta	RTMENT OF STATE <b>B. Mortham</b> Iry of State CORPORATIONS				
1. Corpora	UMENT # alion Name ite Lite (UStorr	n Signs, Inc	۶.				
•		Mailling Address P.O. BOX 2 Palm Beach					
If above addresses are incorrect in any way, line through incorrect information and enter           2. New Principal Office Address, If Applicable         3. New Mailing Office Address, If P O Box 2404			dress, If Applicable	<ol> <li>Date Incorporated or Qualifi To Do Business in Florida</li> </ol>	ed		
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For Applied For Not Applicable		
Zip	Country	Pulm Beach	Country USA	6. CERTIFICATE OF STATUS DES	\$8.75_Additional Fee required		
7. Names	and Street Addresses of Each Officer and			east 3 directors)			
Titie(s) 1	Name of Officers         Str           Iffie(s)         and/or Directors         Of           2         3         (Do NOT U		Street Address of Ea Officer and/or Direct o NOT Use Post Office Box	or (Numbers) 4	City / State / Zip		
Pies	Martina kenned	Y 1860	wience Abra Forest Hill		<del>2.33406</del>		
	8. Name and Address of Current		Name	9. Name and Address of New	(Registered Agent		
Lawrence Abramson 1860 Forest Hill Blud WeotPalm Beach, FC. 33406				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
10. I, being Signature o Registered	Agent K Landers M	EGISTERED AGENT MUST					
11. Do Do	oes this corporation pay ept. of Revenue under S.	any intangible tax 199.032, Florida	to the Statutes. Yes		(See other side for information on intangible tax.)		
this rein	y that I am an officer or director or the rece nstatement application, the reason for diss by the corporation have been paid and the application is true and accurate, and my s	olution has been eliminated, names of individuals listed o	the corporate name satisfie in this form do not qualify for	es the requirements of section 607.0 or an exemption under section 119.0	0401 or 617.0401, F.S., that all fees		
SIGNA	TURE: MOULTINA BIGNATURE AND TYPED OR PR	INTEO NAME OF STGNING OF	PIES I	clent 6.1.97	561 641-7466 Daytime Phone #		