

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

PROFT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M25052 (5)

1. Corporation Name  
SIGN/LITE, INC.



Principal Place of Business

555 N. E. 42 ST  
OAKLAND PARK FL 33334

Mailing Address

555 N. E. 42 ST  
OAKLAND PARK FL 33334

3. Date Incorporated or Qualified  
12/24/1985

3a. Date of Last Report  
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 211 EAST PROSPECT RD

26 211 EAST PROSPECT RD

4. FEI Number

59-2636162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 FT. LAUDERDALE FL

28 FT. LAUDERDALE FL

Zip

Country

Zip

Country

24 33334

25 USA

29 33334

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODY, STANLEY  
407 LINCOLN RD.  
SUITE 10J  
MIAMI BEACH FL 33139-3040

81 Name

AMERILAWYER

82

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

343 ALMERIA AVE

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

By:

Signature typed or printed name of registered agent and title if applicable.

Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
DAN DANIELS, E.R.  
STREET ADDRESS  
555 NE 42 ST  
CITY-ST-ZIP  
OAKLAND PARK FL

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

211 EAST PROSPECT RD  
FT LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

500001795335

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

-04/25/96--01112--025  
\*\*\*200.00

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

Date

(954) 561-8644

Daytime Phone #

CR2E034 (12/95)