FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:11

DOCUMENT # M51248 (6)

1. Corporation Name
NEON SIGN & SERVICE CORP.

Principal Place of Business	Mailing Address
RT 2 BOX 200 ZOLFO SPRINGS FL 33890-9615	POBox 541624 3355 NW 154 Terrace Opa Locka, FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2798222	☐ 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 files jointly for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 3355 NW 154 Terrace	26 3355 NW 154 Terrace
Suite, Apt. #, etc. 22 PO Box 541624	Suite, Apt. #, etc. 27 PO Box 541624
City & State 23 Opa Locka, FL 33054	City & State 28 Opa Locka, FL 33054
Zip / County 24 33054 / 25 Dade	Zip / County 29 33054 / 30 Dade

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCHAN, DENNIS EDWARD RT 2 BOX 200 ZOLFO SPRINGS FL 33890	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 607.0502 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 _____ DATE
Signature, typed or printed name, of registered agent and the date. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCHAN, DENNIS EDWARD	12 NAME	
STREET ADDRESS	RT 2 BOX 200	13 STREET ADDRESS	
CITY ST ZIP	ZOLFO SPRINGS FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MCHAN, JACQUELINE P.	22 NAME	
STREET ADDRESS	RT 2 BOX 200	23 STREET ADDRESS	
CITY ST ZIP	ZOLFO SPRINGS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCHAN, ANDREA D.	32 NAME	
STREET ADDRESS	[illegible] AVENUE	33 STREET ADDRESS	1065 Weeping Willow Way
CITY ST ZIP	HIALEAH FL	34 CITY ST ZIP	Hollywood, Florida 33019
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CLARK, JACQUELINE M.	42 NAME	
STREET ADDRESS	12401 W OKEECHOBEE RD	43 STREET ADDRESS	209 N 20 Avenue
CITY ST ZIP	HIALEAH GARDENS FL	44 CITY ST ZIP	Hollywood, FLorida 33020
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis E McHan DENNIS E MCHAN 6/26/95 305/681-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0449560 FP