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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M51248 (6)
1. Corporation Name
NEON SIGN & SERVICE CORP.



Principal Place of Business
3355 NW 154TH TERR
P O BOX 541624
OPA LOCKA FL 33054
US

Mailing Address
3355 NW 154TH TERR
P O BOX 541624
OPA LOCKA FL 33054-2465
US

3. Date Incorporated or Qualified
04/30/1987

3a. Date of Last Report
04/12/1996

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

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

25
30

9. Name and Address of Current Registered Agent

MCHAN, DENNIS EDWARD
RT 2 BOX 200
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MCHAN, DENNIS EDWARD	
STREET ADDRESS	RT 2 BOX 200	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	ST	DELETE
NAME	MCHAN, JACQUELINE P.	
STREET ADDRESS	RT 2 BOX 200	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	D	DELETE
NAME	MCHAN, ANDREA D.	
STREET ADDRESS	1065 WEEPING WILLOW WAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	DELETE
NAME	CLARK, JACQUELINE M.	
STREET ADDRESS	209 N 20 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS	2216 MORGAN ROAD	
1.4 CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS	2216 MORGAN ROAD	
2.4 CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE:

Dennis E. Mchan

April 18 1997 305/681-3847

CR2E034 (9/96)