

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P09691** (7)

1. Corporation Name:
SIGNS NOW CORPORATION



Principal Place of Business
**4900 MANATEE AVENUE WEST
STE. 201
BRADENTON FL 34209
US**

Mailing Address
**4900 MANATEE AVENUE WEST
STE. 201
BRADENTON FL 34209
US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 04/09/1986	3a. Date of Last Report 06/26/1995
4. FEI Number 63-0927386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0402 and 607.1509, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, MURRY J	12. NAME	4D
STREET ADDRESS	4900 MANATEE AVE WEST, SUITE 103	13. STREET ADDRESS	EVANS, MURRY J
CITY-ST-ZIP	BRADENTON FL 34209	14. CITY-ST-ZIP	4900 MANATEE AVE WEST, SUITE 201
TITLE	PCOO	15. TITLE	BRADENTON, FL 34209
NAME	EASON, DEWEY E	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4900 MANATEE AVE WEST, SUITE 103	22. NAME	P/T/D/CEO
CITY-ST-ZIP	BRADENTON FL 34209	23. STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	24. CITY-ST-ZIP	EASON, DEWEY E
NAME	EVANS, MARILYN H	25. TITLE	4900 MANATEE AVE WEST, SUITE 201
STREET ADDRESS	4900 MANATEE AVE WEST, SUITE 103	26. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	BRADENTON FL 34209	27. STREET ADDRESS	ETCHISON, MIKE L.
TITLE		28. CITY-ST-ZIP	4900 MANATEE AVE WEST, SUITE 201
NAME		29. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		30. NAME	D
CITY-ST-ZIP		31. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		32. CITY-ST-ZIP	SWANSON, JERRY W.
NAME		33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		34. NAME	4900 MANATEE AVE WEST, SUITE 201
CITY-ST-ZIP		35. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		36. CITY-ST-ZIP	BRADENTON, FL 34209
NAME		37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		38. NAME	
CITY-ST-ZIP		39. STREET ADDRESS	
		40. CITY-ST-ZIP	
		41. TITLE	
		42. NAME	
		43. STREET ADDRESS	
		44. CITY-ST-ZIP	
		45. TITLE	
		46. NAME	
		47. STREET ADDRESS	
		48. CITY-ST-ZIP	
		49. TITLE	
		50. NAME	
		51. STREET ADDRESS	
		52. 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 in an addition, inment with an address.

SIGNATURE: *Mike Etchison* **Mike Etchison** V.P. **3/14/96** (941)-747-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)