SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90010 010 ***550.00

SIGNACON CONTROLS, INC.	
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Principal Place		Mailing Address				
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ELMSFORD NY 10523 ELMSFORD NY 10523				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					08/22/1988	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied	For	
				13-2554046 Not App	olicable	
Suite, Apt. i	# etc.	Suite, Apt. #, etc.			□ \$8.75 Additi	ional
22	- ·-	27			5. Certificate of Status Desired Fee Require	ed .
City & State	9	City & State			6. Election Campaign Financing \$5.00 May	Be
23		28			Trust Fund Contribution	es
Zip	Country	Zip	Coun	try	8. This corporation owes the current year	
24	25	29	30		Intangible Personal Property. Yes You	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
				81 Name		
	CORPORATION SYSTEM		١.	32 Street Ac	History (B.O. Boy Number is Not Accordable)	
1200	D S. PINE ISLAND ROAD		1	SUREET AC	Idress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		i i	B3		
			1	84 City	FL 85 Zip Code	•
		10 - 1007 4500 Florida Chab	455-		poration submits this statement for the purpose of changing its register	red
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized	by the corpor	ation's board of directors. I hereby accept the appointment as register	red
agent. I a	m familiar with, and accept the oblig	ations of, section 607.0505, F	lorida Statu	tes.		
-						
SIGNATURE					PATE	
SIGNATURE .	Signature, typed or printed name of registered age			d Agent signature	required when reinstating) DATE ADDITIONS (CHANCES TO DESCRES AND DIRECTORS III	N 12
SIGNATURE	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
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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 article ment with 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 article ment with an officer or director of the corporation of the corpo

SIGNATURE: