FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000013262 (9)

1. Corporation Name

SIGNATURE DESIGN SERVICES, INC.

Principal Place of Business	Mailing Address
5551 RIDGEWOOD DR STE 203 NAPLES FL 33963	5551 RIDGEWOOD DR STE 203 NAPLES FL 33963

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0389671 ☐ 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

9. Name and Address of Current Registered Agent

MAC'KIE, PAMELA S
5551 RIDGEWOOD DR
STE 201
NAPLES FL 33963

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 607.0502 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 ________

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	~~CORACE, LINDSAY J~~ MARRIED NOW		1.2 NAME	LINDSAY C. ROCCO	
STREET ADDRESS	5551 RIDGEWOOD DR		1.3 STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	CORACE, RICHARD F		2.2 NAME	MATTHEW G. ROCCO	
STREET ADDRESS	5551 RIDGEWOOD DRIVE SUITE 203		2.3 STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, GERALD F II		3.2 NAME		
STREET ADDRESS	5551 RIDGEWOOD DR STE 203		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHARPE, KEITH		4.2 NAME		
STREET ADDRESS	5551 RIDGEWOOD DR STE 203		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: Lindsay C Rocco — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4·25·96 (Date)   941·566·7009 (Daytime Phone #)

CR2E034 (12/95)