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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

Date

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DIVISION OF CORPORATIONS

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SIGNATURE DESIGN SERVICES, INC.

Principal Place of Business Mailing Address 5551 RIDGEWOOD DR 5551 RIDGEWOOD DR STE 203 STE 203 NAPLES FL 33963 NAPLES FL 34108-2733 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1993 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0389671 Not Applicable 26 21 Suite: Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032, 24 Yes □ No 30 Florida Statutes 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MAC'KIE, PAMELA S 5551 RIDGEWOOD DR 82 STE 201 NAPLES FL 33983 83 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. Familiar with, and accept the appointment as registered agent. Familiar with, and accept the appointment as registered.
SIGNATURE Signature Typed or panted name of registered agent and title it (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE ROCCO, LINDSAY C 1.2 NAME NAME 5551 RIDGEWOOD DR 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL CHY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE THILE ROSSO, MATTHEW G 2.2 NAME NAME 5551 RIDGEWOOD DRIVE SUITE 203 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2.4 CITY-ST-ZIP CHY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CCLY+SI+7IP DELETE Change Addition 4.1 TITLE THLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST. ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TIT: F NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY -\$1 - ZiP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplinformation indicated on this annual report of Lanuari officer or director of the corporation. fy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is rue and accurate and that my signature shall have the same legal effect as if made under oath, that trustee epprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name