

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # P93000023005 (0)**

1. Corporation Name

**ALL-WEBER SIGNS, INC.**

05 MAY 12 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**1906 N. Dixie Hwy.  
HOLLYWOOD FL 33020**

Mailing Address

**1906 N. Dixie Hwy.  
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Organized  
**03/25/1993**

3a. Date of Last Report  
**06/06/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
**65-0401845**

Applied For  
Not Applicable

State Apt. # etc.

22

State Apt. # etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under S. 196.03,  
Florida Statutes. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**WEBER, HOWARD  
1906 N. Dixie Hwy.  
HOLLYWOOD FL 33020**

**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 607.0501 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 of agent, registered agent, or registered agent and the corporation)

(Signature of registered agent or person authorized to accept service of process and when necessary)

DATE

**12. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | <b>D</b>                  |
| NAME           | <b>WEBER, HOWARD</b>      |
| STREET ADDRESS | <b>1906 N. Dixie Hwy.</b> |
| CITY, ST., ZIP | <b>HOLLYWOOD FL 33020</b> |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY, ST., ZIP |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY, ST., ZIP |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY, ST., ZIP |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY, ST., ZIP |                           |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST., ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST., ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST., ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST., ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST., ZIP |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 339.07(2)(b), Florida Statutes. I further certify that the information included 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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 on this report and is immediately followed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HOWARD WEBER**

**5/1/95 922-0126**