FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026832 (4)

1. Corporation Name
DELRAY SIGNS, INC.

Principal Place of Business	Mailing Address
3060 SW 60 AVE FT LAUDERDALE FL 33314	3060 SW 60 AVE FT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 360 N.E. 4th. Street
Suite, Apt. #, etc. 22
City & State 23 Delray Beach, FL.
Zip 24 33483 Country 25 Palm Beach

2a. Mailing Address
26 3800 N.W. 9th. Street
Suite, Apt. #, etc. 27
City & State 28 Delray Beach, FL.
Zip 29 33445 Country 30 Palm Beach

4. FEI Number: 65-0402014 ☐ 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

FERRELL, SHARON E
3060 SW 60 AVE
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name: FERRELL, SHARON E
82 Street Address (P.O. Box Number is Not Acceptable)
83 3800 N.W. 9th. Street
84 City: Delray Beach FL 85 Zip Code: 33445

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 change(s) 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 _____ (NOTE: Registered Agent signature required when marked (*)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	FERRELL, SHARON E	12 NAME	FERRELL, SHARON E	
STREET ADDRESS	3060 SW 60 AVE	13 STREET ADDRESS	3800 N.W. 9th. Street	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	14 CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
TITLE		21 TITLE	T/S	☐ Change ☑ Addition
NAME		22 NAME	MARTIN, FREDERICK J	
STREET ADDRESS		23 STREET ADDRESS	360 N.E. 4th. STREET	
CITY-ST-ZIP		24 CITY-ST-ZIP	DELRAY BEACH, FL. 33483	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 1, 2 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: Sharon E. Ferrell 1-16-95 407-278-9237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON E. FERRELL

0222772 CP