FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Daytime Priorie #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026832 (4)

DELRAY SIGNS, INC.

SIGNATURE:

Principal Place of Business Mailing Address					1 10011001 110 10100 11111 00111 00111 00111 00110 1101# 01101 101# (111# 110# 111#)		
360 N.E. 4TH STREET DELARY BEACH FL 33483 US			3800 N.W. 9TH STREET DELRARY BEACH FL 33445-1914 US				
03		00					3. Date Incorporated or Qualified 04/09/1993 3a. Date of Last Report 01/24/1996
	lace of Business	28.	Mailing Address				4, FEI Number Applied For
21			26				65-0402014 Not Applicable
Suite, Apt #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired 58.75 Additional Fee Required
City & State	e		City & State			•	6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Ζιρ	Country		Zip Cour				8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes	
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
MAI	RTIN, FREDERICK J			[B1	Name	
3800 N.E. 9TH STREET 3800 N.E. 9TH STREET			82		Street A	Address (P.O. Box Number is Not Acceptable)	
	RAY BEACH FL 33445			;	вз		
				1	B4	City	FL 85 Zip Code
l office or r	It 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 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 an farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typical or printed harmoof registered agent and telle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
SIGNATURE	Signature, typied or printed name of registered in	agent and trie it	applicable (NO	TE: Registered	Age	ent signature i	required when reinstating) DATE
12.	OFFICERS A	ND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DELETE	1.1 TIT	.E		☐ Change ☐ Addition
NAME.	Martin, Frederick J			1.2 NA	ΝE]	
STREET ADDRESS	3800 N.W. 9TH STREET			1.3 STF	EET	ADDRESS	
CITY-ST-ZIP	ST-ZIP DELRAY BEACH FL				1.4 CITY - ST - ZIP		
TITLE	V	, — - -		2.1 (1)	2.1 TITLE V		Vice Pres.
NAME	MARTIN, SHARON E			2.2 NA	ИE		
STREET ADORESS	0717411 071611 51			2.3 STF	2.3 STREET ADDRESS I		Eric Gordon
CITY-ST-ZIP				2. 4 CI1	Y - 9	ST-ZIP	12669 Coral Breeze Drive
TITLE			☐ DELETE	3.1 TiTi	LE		Wellington FL 33414 ☐ Change ☐ Addition
NAME				3.2 NAI	WE		
STREET ADDRESS				3.3 STF	REET	ADDRESS	
CITY-ST-ZIP				3.4. CI1	Y-5	ST - ZiP	
TITLE			☐ DELETE	4.1 TITI	Lŧ		☐ Change ☐ Addition
NAME				4. 2 NA	ΜE		
STREET ADDRESS				4.3 STF	IEET	ADDRESS	
CITY-ST-ZIP				4.4 CIT	Y - S	Y-ZIP	
HILE			DELETE	5.1 TiT	LĒ		☐ Change ☐ Addition
NAME				. 52 NAI	ME	- 1	
STREET ADDRESS				5 3 STF	ŒĔŢ	ADDRESS	
CITY-SI-ZIP				54 CIT	Y-S	ST-ZIP	
TITLE	**************************************		☐ DELETE	6 1 TIT		i	Change Addition
NAME				62 NAI	ME	!	
STREET ADDRESS						ADDRESS	

14. I do hereby certify that the information supplied with this filing 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 of the regarder 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 charged or on an attachment with an address.