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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

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CAPITOL SIGNS, INC.

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| 830 NE 4 AVE FT LAUDERDAL | | | 830 NE 4 AVE FT LAUDERDALE FL 33304-1942 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/23/1993 | 3a. Date 02/05 | of Last R | eport |
| | lace of Business | 28. Mailing Add | ress | | | 4. FEI Number | | Ap | plied For |
| 1 | *************************************** | 26 | | | | 65-0418981 | · · · · · · · · · · · · · · · · · · · | | t Applicable |
| Suite, Apt + | #, etc. | Suite, Apt # | l, etc. | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | Additional quired |
| City & State | 1 | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 3 | | 28 | | | | Trust Fund Contribution | | Added t | |
| Zip ∃ | Country | Zip | | Country | | 8. This corporation has liability for | | | 199.032, |
| <u> </u> | 25 9. Name and Address of C | 29 29 Current Registered Agent | 30 | <u> </u> | | Florida Statutes 10. Name and Address of New Re | Yes I | | |
| ECN | KELL, LOUIS | outrom mogratoroo Agorn | | 81 | Name | IV. Halle and Addition of light No | Alaraian vA | 8111 | |
| | NE 4 AVE | | | | | | | | |
| | AUDERDALE FL 33304 | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptat | ole) | | |
| | 3100C1 B1 CC 1 C 00001 | | | 83 | | | | | |
| | | | | | 0. | | | | |
| | | | | 84 | City | | FL | 85 Zip (| Code |
| 1. Pursuant t | to the provisions of Sections 60 | 07.0502 and 607.1508, Flori | ida Statutes. | the above | named corp | poration submits this statement for the p | ouroose of ch | anging it | s registered |
| office or re | egistered agent or both, in the m familiar with, and accent the | State of Florida, Such char obligations of Section 607 | nge was auth ' 0505, Florid | horized by | the corpora | ition's board of directors. I hereby accer | pt the appoin | tment as | registered |
| agon ra | or deline with and doctops the | orange and on, occurrent our | .0000, 1 10110 | a cialatos | | | | | |
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| | Signature, typed or printed name of registe OFFICER | ered agent and time if applicable | INOTE R | egistered Ager | t signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE CERS AND D | RECTOR | S IN 12 |
| 2. | | RS AND DIRECTORS | INOTE R | | iuper evurangia f | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | ERS AND D | RECTOR Change | |
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