

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 17 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000068224 (3)**

1. Corporation Name

**ALLIGATOR SIGNS COMPANY INC.**

Principal Place of Business

2610 WINDSOR AVE  
WEST PALM BEACH FL 33407

Mailing Address

2610 WINDSOR AVE  
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

58-2079273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc

23. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27. City & State

27

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

SARNO, JOHN  
2610 WINDSOR AVE  
WEST PALM BEACH FL 33407

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 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(e) (1) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

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  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

P  
SARNO, JOHN  
183 OCEAN PINES TERRACE  
JUPITER FL  
VPS  
SARNO, GLORIA  
183 OCEAN PINES TERRACE  
JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

Change  Addition  
 Change  Addition  
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 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE:

*John Sarno* Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 833 5966  
(407)  
Date Title