

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000006215 (5)

1. Corporation Name

ADVANTAGE SIGNS PLUS INCORPORATED

Principal Place of Business: 208 US HWY 1 LAKE PARK FL 33403
 Mailing Address: 208 US HWY 1 LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report
4. FEI Number 65-0471654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
FORTMAN, CHRIS
 208 US HWY 1
 LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name TIM TYCOCKI
82 Street Address (P.O. Box Number is Not Acceptable) 208 US HWY 1
83
84 City Lake Park
85 State FL
86 Zip Code 33403

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: *Tim Tycocki* (Date) **7-18-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME ARENSON, EDWARD B	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11186 CURRY DR	CITY ST ZIP PLAM BEACH GARDENS FL 33420	12 NAME	
TITLE D	NAME TYCOCKI, TIM	13 STREET ADDRESS	
STREET ADDRESS 203 FORESTERIA DR	CITY ST ZIP LAKE PARK FL 33403	14 CITY - ST ZIP	
TITLE D	NAME FORTMAN, CHRIS	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 203 FORESTERIA DR	CITY ST ZIP LAKE PARK FL 33403	22 NAME TIM TYCOCKI	
TITLE	NAME	23 STREET ADDRESS 203 FORESTERIA DR,	
		24 CITY - ST ZIP LAKE PARK FL, 33403	
		31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST ZIP	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST ZIP	
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST ZIP	

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 110.07(3)(b), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tim Tycocki* (Date) **7-18-95** 407 842-3140

CR2E034 (3/95)