

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Aug 10 1998 8:00am  
Secretary of State

DOCUMENT # **P94000007638 (7)**  
1. Corporation Name

**ULTIMATE SIGNS, INC.**



Principal Place of Business  
**10626 ROYAL PALM BLVD.  
CORAL SPRINGS FL 33065**

Mailing Address  
**10626 ROYAL PALM BLVD.  
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **1862 N.W. 54TH AVE**

2a. Mailing Address  
26 **1862 N.W. 54TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 **MAISATE FL**

City & State  
28 **MAISATE FL**

Zip  
24 **33065**

Country  
25 **USA**

Zip  
29 **33065**

Country  
30 **USA**

3. Date Incorporated or Qualified

**01/21/1994**

4. FEI Number

**65-0464668**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRACIAS, VICTOR  
10626 ROYAL PALM BLVD.  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1862 N.W. 54TH AVE**

83

84 City **MAISATE**

**FL**

85 Zip Code  
**33065**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **GARCIA, VICTOR M**  
STREET ADDRESS **10626 ROYAL PALM BLVD**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **1862 N.W. 54TH AVE**  
14 CITY-ST-ZIP **MAISATE FL 33065**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 no address.

SIGNATURE:

*[Signature]*

*[Signature]* 7/27/98 X 94-978-363

CR2E034 (5/98)

7/27/98

THIS WAS SENT  
TO THE WRONG  
ADDRESS. ENCLOSED  
PLEASE FIND MY CHECK  
FOR THE ORIGINAL AMOUNT.

PLEASE EXCUSE ME  
FOR THE ERROR.

VICTOR GARCIA