

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000022952 (3)

1. Corporation Name

MEDICINE SIGNS, INC.



Principal Place of Business

11852 S.W. 81 ROAD  
MIAMI FL 33156

Mailing Address

11852 S.W. 81 ROAD  
MIAMI FL 33156

2. Principal Place of Business

21 13930 S.W. 109 St.

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33186

Country

25 USA

2a. Mailing Address

26 13930 S.W. 109 St.

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33186

Country

30 USA

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

09/14/1995

4. FEI Number

65-0480980

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

NORRIS, THOMAS L  
11852 S.W. 81 ROAD  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

13930 S.W. 109 Street

83

84 City

Miami

FL

85 Zip Code

33186

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 Name Address of the person appointed as registered agent

Signature Typed Name Address of the person appointed as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NORRIS, THOMAS L  
STREET ADDRESS 11852 S.W. 81 ROAD  
CITY-ST-ZIP MIAMI FL 33156

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 13930 S.W. 109 Street

1.4 CITY-ST-ZIP Miami, FL 33186

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas L. Norris Thomas L. Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

305-385-8778

Daytime Phone #

CR2E034 (12/95)