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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000032798 (8)**

1. Corporation Name

U.S. SIGNS, INC.



Principal Place of Business

**9625 DENTON AVE. UNIT 4
HUDSON FL 34667**

Mailing Address

**9625 DENTON AVE. UNIT 4
HUDSON FL 34667**

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**COOPER, SIDNEY P
9625 DENTON AVE
#4
PALM HARBOR FL 34685**

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Name

82

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

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City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of the person who is authorized to file this report

Title of the person who is authorized to file this report

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

12.8

NAME

STREET ADDRESS

CITY, ST, ZIP

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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)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney P. Cooper

3/25/96

813-862-7933

CR2E034 (12/95)