## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

**FILED** AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Oct 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 94000046536 SIGN One Inc. Mailing Address 1061 East 08 ST. Samo DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified MALEAH, FL 33013 2. Principal Piace of Business 2a. Mailing Address Applied For 21 1061 8 28 51 26 1061 E Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be alread Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DEGE A. THALMAN Street Address (P.O. Box Number is Not Acceptable) 83 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 (NOTE: Registered Agent is greature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change THE 1.1 TITLE 1.2 NAME GEDEGE A. THALMAN NAME STREET ADDRE 13 STREET ADDRESS MAGAN, FL 33010 1.4 CITY - ST - ZIP City St Zil DELETE Change ☐ Addition TITLE 21 TITLE 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-S1-7P C/TY - ST - 201 DELETE 3.1 TITLE Change Add-tion 3.2 NAMI 3.3 STREET ADDRESS STREET ADDRESS CITY ST 3.4 CITY-ST-7IP DELFTE 4.1 1(1).6 Addit on NAMI 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST 2011 4.4 CITY+ST+ZIP ☐ Charige DELETE Addit-on 1004 5.1 TITLE **600**00026539**2**6 5.2 NAMI -10/02/98--01008--0**04** STREET ADDRESS 5.3 STREET ADDRESS \*\*\*158.08 CITY-ST ZIP 5.4 CITY - ST - 7IP 1111 DELETE 6 1 TITLE Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual report or suppliemental 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 office or director of 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.

G.2 NAME

G 3 STREET ADORESS

SIGNATURE:

NAME STREET APORESS

CITY ST ZID

9/23/98

(2)

## SIGN ONE INC. SIGNS & GRAPHICS

1061 EAST 28TH STREET, HIALEAH FL 33013

PH: 305-888-6565 FX: 305-888-5202

E-mail: sign1inc@aol.com

Florida Department of State Division of Corporations

To whom this may concern,

During the month of April we experienced the theft of all our corporate papers and have now found ourselves becoming late in paying our annual corporate dues. Our FEI # is 65-0501029. We were recently reminded by our accountant to check on the status of our corporation. When we called your office we were told that you had not yet received the dues for this year. We regret that this payment has arrived late at your office but, would hope that our payment of \$ 150.00 will be accepted at this time, due to our extenuating circumstances. Please notify us if there are any problems with this payment by contacting us at our business: 305- 888-6565, Monday thru Friday 9:00 am to 4:30 pm.

Sincerely,

Hoorse a. Thomas