

**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 # **P94000068534 (4)**

1. Corporation Name  
**SIGNSATIONS, INC.**



Principal Place of Business: **6252 NW 23RD WAY BOCA RATON FL 33496**  
Mailing Address: **6252 NW 23RD WAY BOCA RATON FL 33496**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>4301 OAK CIRCLE</b>	26	<b>4301 OAK CIRCLE</b>	<b>09/15/1994</b>	<b>05/01/1995</b>
22. Suite, Apt. #, etc. <b># 11</b>		27. Suite, Apt. #, etc. <b># 11</b>		4. FEI Number	Applied For
23. City & State <b>BOCA RATON FL</b>		28. City & State <b>BOCA RATON FL</b>		<b>65-0519924</b>	Not Applicable
24. Zip <b>33431</b>	25. Country <b>USA</b>	29. Zip <b>33431</b>	30. Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ZIMMERMAN, ELLIOT M 6252 NW 23RD WAY BOCA RATON FL 33496</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. 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.					

9. Name and Address of Current Registered Agent  
**ZIMMERMAN, ELLIOT M  
6252 NW 23RD WAY  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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 signature required for registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, ELLIOT</b>	1.2 NAME	
STREET ADDRESS	<b>6252 NW 23RD WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, ROSLYN</b>	2.2 NAME	
STREET ADDRESS	<b>6252 NW 23RD WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, JUDI</b>	3.2 NAME	<b>Judi</b>
STREET ADDRESS	<b>6252 NW 23RD WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33469</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Elliot Zimmerman* 4/16/96 407347-1517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date/Time/Phone #

CR2E034 (12/95)