

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).

FILED

Jul 28 1998 8:00am
 Secretary of State

0075338

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000068534 (4)
 1. Corporation Name
SIGNSATIONS, INC.



Principal Place of Business 4301 OAK CIR 11 BOCA RATON FL 33431 US	Mailing Address 4301 OAK CIR 11 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified
09/15/1994

4. FEI Number
65-0519924

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
ZIMMERMAN, ELLIOT M
6252 NW 23RD WAY
BOCA RATON FL 33498

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
3493 PINE HAVEN CIRCLE
 83
 84 City **BOCA RATON** FL 85 Zip Code **33431**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, ELLIOT	
STREET ADDRESS	6252 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, ROSLYN	
STREET ADDRESS	6252 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, JODI	
STREET ADDRESS	6252 NW 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3493 PINE HAVEN CIRCLE
1.4 CITY-ST-ZIP	BOCA RATON FL 33431
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3493 PINE HAVEN CIRCLE
2.4 CITY-ST-ZIP	BOCA RATON FL 33431
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9464 BOCA RIVER CIRCLE
3.4 CITY-ST-ZIP	BOCA RATON FL 33434
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	800002603458
5.4 CITY-ST-ZIP	-07/31/98--01009--001
	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<i>[Signature]</i>
6.4 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)(i), 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]* 7/6/98 (561) 347-1517

CR2E034 (5/98)

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SIGNSATIONS
4301 OAK CIRCLE # 11
BOCA RATON, FL 33431

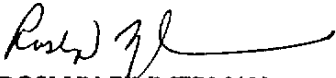
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

DUE TO AN ERROR CAUSED BY A SUBSTITUTE MAILMAN, OUR ANNUAL REPORT WAS RETURNED TO YOU WITH A "NEW" ADDRESS ON IT. WHEN THE 1998 RETURN WAS MAILED OUT, IT ADVERTENTLY WAS SENT TO THE NEW ADDRESS. THE PEOPLE WHO GOT THE RETURN, TOOK THE TIME TO LOCATE US AND THEN REMAILED IT TO US. BY THE TIME I RECEIVED IT, IT WAS ALREADY LATE. I CALLED THE STATE IMMEDIATELY AND WAS TOLD TO WRITE A LETTER EXPLAINING WHAT HAPPENED. I DID, AND MAILED EVERYTHING TO YOU INCLUDING THE ENVELOPE SHOWING THE WRONG ADDRESS ; BUT IT MUST HAVE GOTTEN MISPLACED.

PLEASE RECONSIDER OUR CASE AND DO NOT PENALIZE US FOR A MISTAKE THAT WE HAD NO PART IN OR KNOWLEDGE OF, UNTIL AFTER THE FACT.

THANK YOUR FOR YOUR CONSIDERATION.

VERY TRULY YOURS,



ROSLYN ZIMMERMAN
VICE PRESIDENT

REF # P94000068534