

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90157 017 ***150.00

DOCUMENT # P94000091973

1. Corporation Name
EAGLE SIGN COMPANY

Principal Place of Business
PO BOX 820893
SOUTH FLORIDA FL 33082-0893

Mailing Address
PO BOX 820893
SOUTH FLORIDA FL 33082-0893

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1995

4. FEI Number
65-0559343

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 PO Box 246033
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 246033
Suite, Apt. #, etc.

22
23 City & State
Pembroke Pines FL

27
28 City & State
Pembroke Pines FL

24 Zip
33024

25 Country
USA

29 Zip
33024

30 Country
USA

9. Name and Address of Current Registered Agent

SINGER, BERNARD A
4700 SHERIDAN STREET
SUITE B
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
Adrienne Maidenbaum Atty.
82 Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd. #350 North Tower
83 Presidential Circle
84 City
Hollywood FL 85 Zip Code
33021

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

4-29-99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BLACK, THERESA M
STREET ADDRESS 731 S.W. 93 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE VP
NAME BLACK, JOHN L
STREET ADDRESS 731 S.W. 93 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* K. Theresa M. Black 4-29-99 954-438-9328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0315324