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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500003433

ALTEC S	Sign Group, Inc.									
Principal Place			Mailing Address							
17490 EAST ST	reet ne		7490 EAST STREET NE			İ				
SUITE 3 SUITE 3 NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 3			33917	3917		DO NOT WE	RITE IN THIS	SPACE		
US US			•••			3. Date Incorporated or Qualife	d		· -	
							01/12/1995			
2. Principal Pt	lace of Business	2	a. Mailing Address				4. FEI Number		Ap	oplied For
21		26					65-0546119		No.	ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$ 8.75 ./ Fee Re	Additional
City & State	ρ	21	City & State				6. Election Campaign Financing	1	\$5.00	May Be
23	·	28	ר י				Trust Fund Contribution	'		to Fees
Zip	Country	20	Zip	Count	rv		8. This corporation owes the cu	rrent vear In		
24	25	29	י י	30	-		Personal Property Tax.		Yes	□No
241	9. Name and Addres			100		- 1	0. Name and Address of New	Registered	Agent	
				8	11 Name					
KEIF	FER, ANN A				2 Ctroot	Address	(P.O. Box Number is Not Accep	table)		
1442	2 MANDEL ROAD			82 Street Add			(P.O. BOX NUMBER IS NOT ACCEL	naule)		
FT. N	MYERS FL 33919			8	13					
				-					ar Zin	Code
				۱	Lity City			FL	85 Zip	Code
11 Pursuant	to the provisions of Section	ons 607.0502 and	607.1508, Florida State	ites, the abo	ve-named	l corporat	ion submits this statement for the board of directors. I hereby acc	e purpose of	changing its	registered gistered
office or re	egistered agent, or both, m familiar with, and accep	in the State of Fio pt the obligations (rida. Such change was of, Section 607.0505, F	authorized t Iorida Statut	by the corp es.	oration 3	bould of directors. I horoby doo	орт шо арро		- 1
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office or reagent. I as SIGNATURE 12.	egistered agent, or both, m familiar with, and accept Signature, typed or printed name of OF	pt the obligations of of registered agent and tit	of, Section 607.0505, F	TE: Registered A	es. gent signature		an reinstating)	DATE		
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-731-7722