FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000015957 (0)

DOCUMENT #

AFFORDABLE SIGNS OF CENTRAL FLORIDA, INC.



					{ [0.07140] [1.670 0.681 0114f 00111 00	{			
Principal Place of	of Business	Mailing Address							
6192 EDGEW ORLANDO FI		6192 EDGEWATER D ORLANDO FL 32810							
					3. Date Incorporated or Qualified 02/28/1995	3a. Date	of Last R	eport	
2. Principal Plas	ce of Business	2a, Mailing Address			4. FFI Number			Applied For	
1		26			58-3159300 Not A			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees				
Zφ	Country	Zip	Count	tv	8. This corporation has liability for		x under s	199.032,	
4	25	29	30			No No			
	g. Name and Address of Curren	t Registered Agent		n Name	10. Name and Address of New I	Registered	Agent		
BRILLIS, CHAD M 6192 EDGEWATER DRIVE				Street	et Address (P.O. Box Number is Not Acceptable)				
	DO FL 32810		83						
			ļ.	4 City			85 Z	ıp Code	
				1 ·	proparation submits this statement for the pu	FL	.		
12.	Signature, types or pentiod name of responsing over OFFICERS ANS		13.		epinet statistics devotating: ADDITIONS/CHANGES TO OF		DIRECTO		
TIPLE	DPS Brillis, Chad M	☐ DETEIF			SEALED KIRK	ι	change	Addition	
NAME	6192 EDGEWATER DRIVE		1.2 NAM	1 E TADORESS	SEAGER, KIRK 6192 COGEWATER DR. ORLANDO, FL 32810				
STREET ADDRESS	ORLANDO FL 32810			r ST-ZIP	08(AND) FL 328(6)				
CITY-ST-2IF TITLE	DVT	DELETE	2 1 11		7.000	i	Change	Addition	
NAME	TRACY, BARRY	13.	2.2 NA3	1					
STREET ADDRESS	6192 EDGEWATER DRIVE		23 STH	E-1 ADDRESS					
CITY - ST - ZiP	ORLANDO FL 32810		2 4 CIT	/ ST-ZIP					
TITLE		☐ DELETE	3 1 111	L		ļ	Change	☐ Addition	
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OTT OT ET	L					O OTHORAS EL	Tale Ober	utoc I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dives 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 trusted empowere I 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 AND TYPED OF PRINTED PARE OF SIGNING OFFICER OR DIRECTOR SAGER 4-24-96