

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000022443 (2)**

1. Corporation Name  
**ORLANDO SIGN, INC.**



Principal Place of Business <b>1420 GEMINI BLVD., SUITE 5 ORLANDO FL 32837</b>	Mailing Address <b>1420 GEMINI BLVD., SUITE 5 ORLANDO FL 32837-4807</b>
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3. Date Incorporated or Qualified <b>03/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-3302086</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BEATTY, NORMAN</b> <b>3501-13TH STREET</b> <b>ST. CLOUD FL 34709</b> <i>Address incorrect</i>	
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10. Name and Address of New Registered Agent	
81 Name <b>Norman Beatty</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4420 Story Rd.</b>	
83	
84 City <b>St. Cloud</b>	85 Zip Code <b>FL 34772</b>

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: *Sandra Beatty* **Sandra Beatty, President** DATE: **4/21/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BEATTY, SANDRA</b>
STREET ADDRESS	<b>162 SEABREEZE CIR.</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BEATTY, NORMAN</b>
STREET ADDRESS	<b>162 SEABREEZE CIR.</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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
NAME	<b>President</b>
1.3 STREET ADDRESS	<b>4420 Story Rd.</b>
1.4 CITY-ST-ZIP	<b>St. Cloud FL 34772</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4420 Story Rd.</b>
2.4 CITY-ST-ZIP	<b>St. Cloud FL 34772</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Sandra Beatty* **SIGNATURE REQUIRED** DATE: **4/21/97** 851 9446

CR2E034 (9/96)