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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

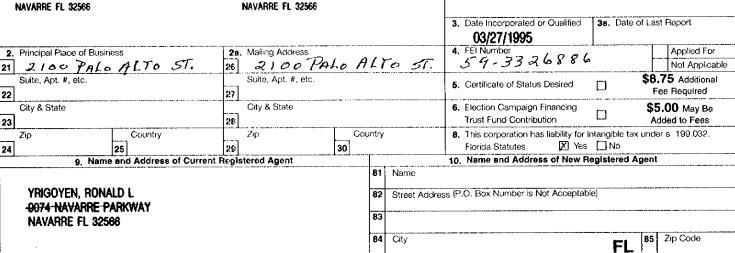
DIVISION OF CORPORATIONS

1. Corporation Name P95000024494 (3)	DOCUMENT # 1. Corporation Name	P95000024494	(3)
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SIGNRON ENTERPRISES, INC.

 Mailing Address

9074 NAVARRE PARKWAY NAVARRE FL 32566



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _	Signature, typed or printed name of registered agent and tilk if	apulicable (NOTE	Registered Agent signature re	equired when renstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1. 1 TITLE		Change	Addition			
NAME	YRIGOYEN, RONALD L		1.2 NAME						
STREET ADDRESS	9074-NAVARRE-PARKWAY		1.3 STREET ADDRESS	2100 PALO ALTO ST.					
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY - ST- ZIP	_					
TITLE		DELETE	2. 1 TITLE		Change	☐ Addition			
NAME			2 2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CrTY - ST - ZrP						
TITLE		DELETE	3 1 TITLE		☐ Change	☐ Addition			
NAME			3.2 NAME		•				
STREET ADDRESS			3.3. STREET ADDRESS						
CITY-ST-21P			34 CHY-ST-ZIP						
TITLE		☐ DELETE	4. 1 TITLE		Change	Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-S1-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5. 1 TITLE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CHTY - ST - ZIP						
TITLE		DELETE	6 1 TITLE		☐ Change	Addition			
NAME			62 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
				1					

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 904-939-1229 Dele Daytine Pronc #

CR2E034 (12/95)