

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT.
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 13 AM 8:44

DOCUMENT # P95000025984 (2)

1. Corporation Name

SEALS N' SIGNATURES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business

Mailing Address

7564 BAYSHORE DR.
#11-405
TREASURE ISLAND FL 33710

6822 22ND AVE. NORTH
SUITE 277
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6822 22nd Ave N

26 6822 22nd Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #297

27 #297

City & State

City & State

23 ST Petersburg FL

28 St Petersburg FL

Zip

Country

Zip

Country

24 33710

25 USA

29 33710

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIRISKA, DAVID
7564 BAYSHORE DR.
#11-405
TREASURE ISLAND FL 33710

81 Name Joanne Siriska
82 Street Address (P.O. Box Number is Not Acceptable)
422 SANDY HOOK
83 Treasure Island
84 City Treasure Island FL 85 Zip Code 33706

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 Joanne Siriska
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 12/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Joanne Siriska
STREET ADDRESS 422 SANDY HOOK
CITY - ST - ZIP Treasure Island FL 33706

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 600002033306-2
2.1 TITLE -12/19/96-01019-018 Addition
2.2 NAME ****375.00 ****375.00
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

DATE 12/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #