

P95000025984

FILED

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

95 MAR 29 AM 9 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:**

**SEALS N' SIGNATURES INC.**

700001442757  
-03/29/95--01061--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a checks  
for:

\$70.00  
Filing Fee



\$78.75  
Filing Fee  
& Certificate



\$122.50  
Filing Fee  
& Certified Copy



\$131.25  
Filing Fee,  
Certified Copy  
& Certificate



**From:**

**SEALS N' SIGNATURES**

Name (printed or typed)  
6822 22ND AVE N. SUITE 277

Address  
ST. PETERSBURG, FL. 33710

City, State & Zip

(813) 367-3459

Daytime Telephone number

NANCY HENDRICKS APR - 3 1995

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

SEALS N' SIGNATURES INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

### Place of Business

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

### Mailing Address

6822 22ND AVE N. SUITE 277

ST. PETERSBURG FL. 33710

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID SIRISKA  
7564 BAYSHORE DRIVE # 11-405  
TREASURE ISLAND FL

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

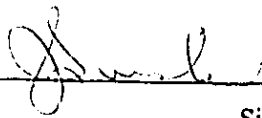
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID SIRISKA  
7564 BAYSHORE DRIVE # 11-405  
TREASURE ISLAND FL. 33706

JOANNE SIRISKA  
7564 BAYSHORE DRIVE # 11-405  
TREASURE ISL'ND FL. 33706

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23rd day of March, 1995.



Signature

Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN designated THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:  
SEALS N' SIGNATURES INC.

2. The name and address of the registered agent and office is:

DAVID SIRISK A

\_\_\_\_\_  
(Name)

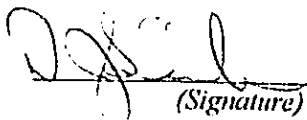
7564 BAYSHORE DRIVE # 11-405

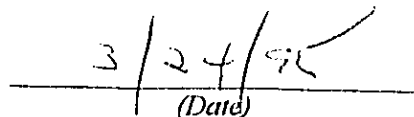
\_\_\_\_\_  
(P.O. Box not acceptable)

TREASURE ISLAND  
FL

\_\_\_\_\_  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

  
(Date)

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TALLAHASSEE  
SECRETARY OF STATE

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 13 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000025984 (2)**

1. Corporation Name

**SEALS N' SIGNATURES INC.**

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



**REINSTATEMENT**

3. Date Incorporated or Qualified <b>03/29/1995</b>	3a. Date of Last Report
4. FEI Number <b>59 330 6889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees 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 taxes under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>6822 22nd Ave N</b>	26 <b>6822 22nd Ave N</b>
22 <b>#297</b>	27 <b>#297</b>
23 <b>St Petersburg FL</b>	28 <b>St Petersburg FL</b>
24 <b>33710</b>	29 <b>33710</b>
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Joanne Siriska</b>	85 Zip Code <b>33706</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>422 SANDY HOOK</b>	
83 <b>Treasure Island</b>	
84 City <b>Treasure Island FL</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 607.0503, Florida Statutes.

SIGNATURE **Joanne Siriska**

(Signature typed or printed name of registered agent and title if applicable)

*Joanne Siriska*

**12/2/96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME <b>Joanne Siriska</b>	
STREET ADDRESS <b>422 SANDY HOOK</b>	
CITY-ST-ZIP <b>Treasure Island FL 33706</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	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**600002033306--2**  
**-12/19/96--01015** Addition  
**\*\*\*375.00 \*\*\*375.00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joanne Siriska*

**12/2/96**

Date Daytime Phone #

CR2E034 (3/96)