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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1996			Secretary of State DIVISION OF CORPORATIONS									
DOCUI	MENT #	P950000	34600	(3)			!					
	SIGN DESIGN.	INC.						1 18 8 4 1	A) ALS ASISY BLAN SAND ŠI	ILL GOLH DOI t	1 11111 6:318 1 .1	114 BBKH 9816 1886
		,										
Principal Place		Ma	iling Address									
3100 NOR MIAMI FL	ithwest 7th Avenue 33127		3100 NORTHWEST MIAMI FL 33127	I /IH AYENUE								
							3.		orated or Qualified /1995	3a. Dat	e of Last R∈	
2. Principal P	lace of Business	Mailing Address				4.	FFT Number	-9301/	q		Applied For	
21							,S-D	58394	<u></u>		Not Applicable Additional	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5.	Certificate o	of Status Desired			Required
City & Stat	'e		City & State				6.	Election Ca	mpaign Financing		\$5.0	May Be
23		28							Contribution	<u> </u>		to Fees
Zφ	Cou	ntry	Zψ	Cour	itry		8. This corporate Florida Statute		V-1	intangible t	itarigible tax under s. 199.032,	
24	25	29 dress of Current Regis	tored Agent	[30]			10.		Address of New F	_	Agent	
	g, Name and Ao	uress of Carrent negra	itered Agon		81	Name						
SKRLD INC.					82	Street A	Address (P.	O. Box Nun	nber is Not Acceptal	ole)		
201 /												
	E 1102				83							
CORAL GABLES FL 33134					84 City					p Code		
L		ections 607,0502 and 60				20204 02	er aration 6	submite the	etalement for the ni	racea of c	hanging its	registered office
familiar v SIGNATURE	vitri, and accept the ot	ections 607,0502 and 66 the State of Florida Sub pligations of, Section 607 here or repote to agent and thin OF HCERS AND DIRE	ap Face	ites. Item Highwell 13.				enstating)	S/CHANGES TO OF	DATE		
12.	D	OFFICENS AND DISE	DELETE	111	II E		D, (Change	Addition
NAME	BROWNLEE,	ROBERT M	<u>-</u>	1.2 M	AM:		٠ ر	•			•	
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CITY-ST-ZIP	MIAMI FL 33	127			FY-S	T-ZIP					Change	Addition
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	P ³					ST-ZiP						
CITY-ST-ZIP TITLE			DELETE.		DILE		T				☐ Change	Addition
	1						1					

€ 3 STREET ADDRESS

6.4 CiTY - ST. ZIP

SIGNATURE:

STREET ADDRESS

Koher M Chounter Signature and Typed or Printed NAME of SIGNING PRICE OF DOWNIES TO

14. If do hereby certify that the information supplied with this filing is voluntarily turnished 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 of 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 of 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 hanged, or on an attachment with an address. 4-20-54 305-633-3883