


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

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Mar 19 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	
<b>DOCUMENT #</b> P95000034671 (4) 1. Corporation Name <b>Landmark Sign Services, Inc.</b>			
Principal Place of Business <b>2101 Starkey Road Building Q Largo, FL 33771</b>		Mailing Address <b>2101 Starkey Rd Building Q Largo, FL 33771</b>	
2. Principal Place of Business <b>21 2101 Starkey Rd.</b> Suite, Apt. #, etc. <b>22 Building Q</b> City & State <b>23 Largo, FL 33771</b> Zip <b>24</b>		2a. Mailing Address <b>26 2101 Starkey Road</b> Suite, Apt. #, etc. <b>27 Building Q</b> City & State <b>28 Largo, FL 33771</b> Zip <b>29</b>	
Country <b>25 U.S.A.</b>		Country <b>30 U.S.A.</b>	
9. Name and Address of Current Registered Agent <b>Gottfried, William E., Esq. 1435 Gulf-to-Bay Blvd. Suite C Clearwater, FL 34616</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</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 <i>William E. Gottfried</i> <b>William Gottfried</b> DATE <b>3/10/97</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>V</b> STREET ADDRESS <b>Capelli, George</b> CITY-ST-ZIP <b>2101 Starkey Rd Bldg. Q Largo, FL 33771</b>		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>PST</b> STREET ADDRESS <b>Chambers, James N</b> CITY-ST-ZIP <b>15419 Dawnbrook Drive Houston, TX 77068-3819</b>		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: <i>James N. Chambers</i> <b>JAMES N. CHAMBERS</b> DATE <b>03/10/97</b> Daytime Phone # <b>813-530-7715</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)