**FILED** 

Apr 30, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000036544

1. Corporation Name

FLORIDA INSIGNIA, INC.

Principal Place	of Business	Mailing Address						,	
1515 UNIVERSIT	ry dr	1515 UNIVERSITY DR				1			
#116		#116				DO NOT WRITE IN THIS SPACE			
CORAL SPRING	S FL 33071	CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
US		US				I			ļ
	_ <del></del>		_			05/04/1995			ation Con
2, Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21	·	26				65-0575704			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22							_		
City & State	е .	City & State				6. Election Campaign Financing		\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28				Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the currer	nt year Inta		
24			30			Personal Property Tax.	1-4 4	Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Re	gistered /	Agent	
5516	WED DANIEL O		18	31	Name				
	KER, DANIEL S		8	32	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
	UNIVERSITY DR								
#116 .			Ê	33					
CORAL SPRINGS FL 33071			-				_	85 Zip (	Code
		-	۱	34	City		FL	85  Zip (	Jude
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	T	named corpo	ration submits this statement for the p	urpose of	changing its	registered
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut	inorized t	OV IN	he corporation	's board of directors. I hereby accept	the appoir	ntment as re	gisterea
	m lamiliar with, and accept the obligat	dons of, Section cor. 3505, 1 fork	uu Olulul	00.					ì
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered A	gent s	signature required	when reinstating)	DATE		]
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	E				☐ Change	Addition
NAME	BRICKER, DANIEL S		1.2 NAM	E			-		
STREET ADDRESS	1515 UNIVERSITY DR #116		1.3 STRE	EETA	ADDRESS		,		
CITY-ST-ZIP	CORAL SPRINGS FL 33071				700				
TITLE	COLUMN OF THE COOL T		1.4 CITY	- ST-7	- ZIP				
		☐ DELETE	1.4 CITY 2.1 TITL	•	<u> </u>			☐ Change	Addition
NAME		☐ DELETE	2.1 TiTL	E	<u> </u>			Change	Addition
NAME		☐ DELETE	2.1 Titli 2.2 Nam	E				. Change	Addition
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP