FILE NOW: FILING FEE AFTER MAY 1ST 1\$50.00

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name
SIGNTASTIC, INC.

SIGNATURE:



FLORIDA DEPART OF STATE

Sandra B. ham

Secretaryate

DIVISION OF CORATIONS

DOCUMENT #	P95000086590	(3

rincipal Place of Business Mailing Address

12115 28TH ST NORTH 12115 28TH ST NORTH

FILED Mar 12 1998 8:00am Secretary of State

|--|

12115 28TH 3 ST PETERSB	ST NORTH URG FL 33716	12115 28TH ST NORTH ST PETERSBURG FL 337	16		D4.05	
			ì	DO NOT WRITE IN THIS SI	PACE	
				3. Date Incorporated or Qualified		.
				11/13/1995	1 1400	led For
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		lied For Applicable
21		26		59-3347789	\$8.75 Ad	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	Fee Requ	
City & Stat		City & State		6. Election Campaign Financing	\$5.00 M	lay Be
23	-	28	'	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Citry	8. This corporation owes or has paid the curre	ent year Intar	ngible
24	25	29	30	Personal Property Tax due June 30.	_jYes LZSL	No
	g. Name and Address of Currer		1-01	10. Name and Address of New Registered A	<u>igent</u>	
GB	OVER, CHERYL A		31 Name			
	115 28TH ST NORTH		=	Iress (P.O. Box Number is Not Acceptable)		
_	PETERSBURG FL 33716		32 Street Add	ress (P.O. Box Number is Not Acceptable)		
01	TETENOPORO I C 037 IO		83			j
					85 Zip Ci	ode
			84 City	FL	1 '	
11. Pursuant	to the provisions of Sections 607,050	2 and 607 1508. Florida Statut	65 te hove-named cor	poration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	of Florida, Such change was a ations of, Section 607,0505, Fk	author by the corpora	poration submits this statement for the purpose of alicen's board of directors. I hereby accept the appliance is a submit to the appliance of	Diminient as it	ogistorou
SIGNATURE	, , ,		i i			
	Signature, typed or printed hame of registered agr		E: Reduct Agent signature requ		DIRECTORS	S IN 12
12.	OFFICERS AN			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	P	DELETE	F LE			_
NAME	GROVER, CHERYL ANN		P IPME			
STREET ADDRESS	2220 KENT PLACE		BETREET ADORESS			
CITY-ST-ZIP	CLEARWATER FL		J CITY - ST - ZIP		Change	Addition
TITLE		☐ DELETE	\$ TITLE		C) C) Id. go	
NAME			PNAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			4 CITY - ST- ZIP		Change	Addition
TITLE		☐ DELETE	1 TITLE		Change	
NAME			2 NAME			
STREET ADDRESS			a street address			
CITY-ST-ZIP			N, CITY-ST-ZIP		I Change	Addition
TITLE		DELETE	A TITLE		☐ Change	La recipon
NAME			12 NAME			
STREET ADDRESS			B STREET ADDRESS			
CITY-ST-ZIP			M CITY-ST-ZIP		Change	Addition
TITLE		DELFTE	†I TITLE		Change	
NAME			12 NAME			
STREET ADDRESS			13 STREET ADDRESS			
CITY-ST-ZIP			14 CITY - ST - ZIP		T 1 &	8 al al (s) a.c.
TITLE		DELETE	61 TITLE		Change	Addition Addition
NAME			62 NAME			
STREET ADDRESS			6) STREET ADDRESS			
ſ						
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify fo	r the exemption stated	I in Section 119.07(3)(i), Florida Statutes. I further of lature shall have the same legal effect as if made trequired by Chapter 607, Florida Satutes; and that	certify that the under oath: th	e information at I am an
indicated	on this annual report or supplemental	I annual report is true ind acci	urate and that my sign execute this report as t	ature snar have the same legal entrot as it made to required by Chapter 607, Florida Statutes; and that	t my name ar	pears in
Block 12 d	or Block 13 if changed or or an atlac	chmen will an andess		a = 100		