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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094177 (9)

FILED Jan 28 1998 8:00am Secretary of State

BRISTI	er signs	S, INC.											
Principal Plac	e of Busines	SS .	Mailing Add	ress					JIL BANCO (BCC		A COURT IS	MI HII	
1051 OLD DIXIE HWY 1051 OLD DIXIE HWY VERO BEACH FL 32960 VERO BEACH FL 32960													
1			Tano Ozno	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				DO NOT WRITE	IN THIS S	PACE			_
								3. Date Incorporated or Qualified					
6 Principal S	Diana of Dusi	4000	Do Mailing A	al al a a a				12/11/1995					4
2. Principal P	Tace of busi	ness	 	2a. Mailing Address				4. FEI Number		\vdash	····	ed For pplicable	-
Suite, Apt.	#. etc.	· · · · · · · · · · · · · · · · · · ·	Suite, An	Suite, Apt. #, etc.				65-0628504		\$8.7	·		4
22			<u>├</u>	27				5. Certificate of Status Desired			Requi		
City & Stat	te			City & State				6. Election Campaign Financing		\$5.0	00 Ма	v Be	┪
23			28					Trust Fund Contribution			ed to F		
Zip		Country	Ζιρ		Count	У		8. This corporation owes or has pai		_ `			
24	<u> </u>	25	29		30			Personal Property Tax due June		Yes	JKZ N	lo	4
		and Address of Currer	nt Registered Age	nt	8	T N	ame	10. Name and Address of New Reg	HStered A	gent			4
		RION E JR			Ľ	L							╛
	51 OLD DI				6:	2 S1	reet Addre	ess (P.O. Box Number is Not Acceptabl	e)				7
VE	RO BEACH	1 FL 32960			8:	<u>i</u>							\dashv
					L	1_							
					8-	1 Ci	ity		FL	85 Z	ip Cod	le	
11. Pursuant office or r agent. I a	to the provis registered ac am familiar w	sions of Sections 607.050 gent, or both, in the State ith, and accept the oblig)2 and 607.1508, F of Florida. Such c jations of, Section 6	lorida Sta tutes hange wa s au 307.05 0 5, Flor	s, the about thorized to ida Statuti	ve-na by the	med corpo corporation	oration submits this statement for the pu on's board of directors. I hereby accep	rpose of the appo	changing pintment	g its re as reg	gistered iistered	
SIGNATURE													
10	Signature, lyped	or printed name of registered age	ed and lide if applicable ID DIRECTORS	(NOTE	Registered A	энп ыг	naturo roquire	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE.	DIRECT	ODG II		46
12.	DPS	OFFICENS AN		DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICE	ENS AND	Chang		Addition	<u>-ا</u> څ
NAME		R, MARION E JR		-	1.2 NAME					_		_	3
STREET ADDRESS	3820 6				1.3 STREE		RESS						18
CITY-ST-ZIP		BEACH FL 32962			1.4 CiTY-	ST-ZIF	,)						្តិ
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NAME		r, sr m e			2.2 NAME								
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CITY-ST-ZIP	VERO 8	BEACH FL		1	2.4 CITY	-ST-ZI	Р					7	4
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NAME					3.2 NAME								
STREET ADDRESS					3 3 STREE								
CITY-ST-ZIP TITLE				DELETE	3.4. CITY	51-21	-			Chang	e T	Addition	-
NAME			<u>-</u>		4. 2 NAM	:					_	_	
STREET ADDRESS					4.3 STREE		RESS						1
CITY ST-ZIP					4.4 CITY -		ľ						
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NAME					5.2 NAME		Ì						
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NAME					6.2 NAME		1						
STREET ADDRESS					6.3 STREE	T ADDF	FSS						
CITY-ST-ZIP			·		6 4 CITY								_
14 I hereby o	certify that th	e intor mat ion supplied w	ath this filma does a	not quality for	the evem	noite	stated in S	Section 119 07(3)(i) Florida Statutes, Lf	arther cer	my that t	ne inte	rmation	ſ

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.

CICALATURE.

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