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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600000642 1. Corporation Name

IDMALL SIGNS INC

INIVIALI SIGNS, INC.		DO NOT WRITE IN THIS SPACE			
Principal Place of Business 12211 S CLEVELAND AVE FORT MYERS FL 33907	Mailing Address 12211 S CLEVELAND AVE FORT MYERS FL 33907				
		3. Date incorporated or Qualifed 01/02/1996			
Principal Place of Business     1	2a. Mailing Address	4. FEI Number 65-0635052			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired F			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution  \$5			
Zip Country	Zip Country 29 30	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of (	10. Name and Address of New Registered Agent				

**FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90067 030 \*\*\*150.00



Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

≣ :

			0.4	Mana			
			81	Name			
Ann T. Frank, P.A.			82	Street /	Address (P.O. Box Number is Not Acceptable)		
21	24 Airport Pulling Road	l South					
ືSu	ite_102		83	3			
Na	ples, FL 34112		84	City		85 Zip C	ode
				' City	FI	<u> </u>	
office or n	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with the obligations of, Section	i change was autr	iorized by	/ the corpo	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the appro-	f changing its reg	registered jistered
SMATURE	am thank				- // A y	///	<b></b>
	Signature, typed or printed name of registered agent and title if applicable		gistered Age	nt signature i	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R\$ IN 12
12.	OFFICERS AND DIRECTORS PS	DELETE	1.1 TITLE		1.0011161161161161161161161161161161161161	Change	Addition
TITLE	HALLENBECK, KURT R		1.2 NAME				
NAME	12211 S CLEVELAND AVE			T ADDDESS			
STREET ADORESS	FT MYERS FL		1	ET ADDRESS			
CITY-ST-ZIP	T	□ DELETE	1.4 CITY-S 2.1 TITLE	SI-ZIP		Change	Addition
TITLE	HALLEMPECK CEDALD I	C Deceie	ŀ				_
NAME	HALLENBECK, GERALD I		2.2 NAME				1
STREET ADDRESS	12211 S CLEVELAND AVE			ETADORESS			
CITY-ST-ZIP	FT MYERS FL	DELETE	2.4 CITY-	ST-ZIP		Change	Addition
TITLE		C) DECE IE	3.1 TITLE			□ o.io.igo	
NAME			32 NAME				
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP		C BELETE	3.4 CITY-	ST-ZIP		Change	☐ Addition
TMLE		☐ DELETE	4.1 TITLE			Change	[] Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-ZIP			64 CITY-				
14 Lhoroby	certify that the information supplied with this filing doe	s not qualify for th	ne exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further c	ertify that the in	nformation
officer or	on this annual report or supplemental annual report in director of the corporation or the receiver or trustee e	empowered to exe	cute this	report as	required by Chapter 607, Flonda Statutes; and that	my name appe	ars in
Block 12	or Block 13 if changed, or on an attachment with an	address, with all o	ther like s	empowere	d.	,	