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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000036812 (1)

FRANK & SON SIGNS OF MIAMI, INC.

Princ	ipal Place of Business	Mailing Address 8533 SW 210 TER. MIAMI FL 33189-3312			r innimal die falle drift dêlet onest pass		19 BILLOL 30101 (1960 1191 1991		
	SW 210 TER. II FL 33189								
						3. Date Incorporated or Qualified 04/29/1996	3a. [	ale of Last Report	
2. Pr	incipal Place of Business	28, Mailing Address			4. FEI Number		Applied For		
21		26						Not Applica	
	ilte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Ci 23	ty & State	City & State					\$5.00 May Bo Added to Fees		
Z <sub>1</sub>	D Country <b>25</b>	<b>Z</b> (p. <b>29</b>	30	Country		8. This corporation has liability for i	ntangible Yes		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
JONES, CHARLES L 9900 SW 168TH ST., STE. 9 MIAMI FL 33157					Name Street Addr	ross (P.O. Box Number is Not Acceptab	le)		

11. Purguant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above pament corporation submits this statement for the purpose of r

83 84 City

office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	Horida. Such change was a ns of, Section 607.0505, Flo	ulhorized by the corpor rida Statutes.	ration's board of directors. I hereby accept the appointment as register	ered
SIGNATURE		V 1 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1			
12.	Signature, typed or printed name of registered agent and title # applicable (NO)  OF FICE RS AND DIRECTORS		Registered Agold's gnature roo	apred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DELE		1.111111		ddition
NAME	SPINATO, FRANK	L.J. OCCC IC		Change A	Multion
	8533 SW 210 TER.		1.2 NAME		
STREET ADDRESS	MIAMI FL 33189		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINMI LE 92 109	□ ocuere	1.4 CITY - ST - ZIP		
TALE	ONNATO ANDROW	DELETE	2.1 TITLE	Change A	ddition
NAME	SPINATO, ANDREW		2.2 NAMÉ		
STREET ADDRESS	8533 SW 210 TER.		2.3 STREET ADDRESS	···	)
CITY-ST-ZIP	MIAMI FL 33189		2 4 CiTY-ST-7iP		
TITLE	8	☐ DELFTE	3 1 1 ITLF	Change A	ddition
NAME	SPINATO, ADRIANN		3.2 NAME		
STREET ADDRESS	8533 SW 210 TER.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TOLE	Change A	ddition
NAME	SPINATO, LOUISE		4. 2 NAME		
STREET ADDRESS	8533 SW 210 TER.		4.3 STREET ADDRESS		[
CITY-ST-ZIP	MIAMI FL 33189		4.4 CITY - \$1 - ZIP		ļ
TITLE		DELETE	5.1 1ITLF	☐ Change ☐ A	ddition
NAME			52 NAME		J
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - 7IP		
TITLE		☐ DELETE	G.1 TITLE	Change A	ddition
NAME			6.2 NAMÉ		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 C(1Y+S1-Z(P		

do horeby 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 eath; 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.

Zip Code

**FILED** 

Apr 08 1997 8:00am

Secretary of State