PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600041790

1. Corporation Name

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90008 042 ***150.00

SIGNWO	ikks of Naples, Inc.								
Principal Place	e of Business	Mailing Address				-	11 GU 111 GU 111 G	(# #) (# # 1) (#	#/# (#III ##II (##I
3766 ARNOLD AVE NAPLES FL 33942		3766 ARNOLD AVE NAPLES FL 33942							
						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 05/09/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26	26			65-0668109			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· ·			5. Certifcate of Status Desired	f Status Desired		
City & State	e	City & State				6. Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	у		8. This corporation owes the curre	ent year Inta	ngible	
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered /	Agent	
			81	1 Na	ime				
FISHTORN, DAVID 3766 ARNOLD AVE			. 82	2 Str	reet Addres	ddress (P.O. Box Number is Not Acceptable)			
	LES FL 33942		83	3					
			84	4 Cit	ty		FL	85 Z	p Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abov	ve-nar	med corpor	ration submits this statement for the n's board of directors. I hereby accep	t the appoir	itment as	registered
office or r	registered agent, or both, in the Sta Im familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized by orida Statute:	y the o	corporation	n's board of directors. I hereby accep	t the appoir	ntment as	registered
office or r agent, I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such change was a gations of, Section 607.0505, Florigent and title if applicable. (NOT	authorized by	y the o	corporation	n's board of directors. I hereby accep	DATE		Tegistered
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14. 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 supplymental 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 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 or all attachment with an address, with all other like empowered.

SIGNATURE:

941-649-1776

CR2E034 (11/98)