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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000045431 (9)

## FILED Apr 22 1997 8:00am Secretary of State

DESIGNER SIGNS & GRAPHIX Principal Place of Business 2005 HELM LANE VALRICO FL 33594	Mailing Address  2005 HELM LANE VALRICO FL 33594-4418	·······			
			3. Date incorporated or Qualified 05/21/1996	3a. Date of Last	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
1 4022 E. 124h Ave	26 2005 He	Im Ln.	59-3379915	· —	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
2 # 2 City & State	City & State		A Floring Council Floring		Required
TAMPA FL.	28 NALRICO	E1	6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip Country	Zip	Country	8. This corporation has liability for in		
33405 25 USA	29 33594	30 USA		Yes No	
9, Name and Address of (	Current Registered Agent		10. Name and Address of New Reg	istered Agent	
DEMPSEY, JAMES A		81 Name			
2005 HELM LANE		82 Street Add	lress (P.O. Box Number is Not Acceptable	θ)	
VALRICO FL 33594		63			
		100			
		84 City		FL 85 Zi	p Code
11. Pursuant to the provisions of Sections 60	07 0502 and 607 1508 Florida Statute	ns the above-named corr	poration submits this statement for the pu	urpose of changing	its registered
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. Jam Jamiliar with, and accept the</li> </ol>	State of Elprida. Such change was a	uthorized by the corpora	tion's board of directors. I hereby accep	t the appointment	as registered
agent i am lamiliar with, and accept the	: BED II DAUGHS OF SECTION BUY JUSUS, FID				
	<i>a                                    </i>	The Civiologi	<i>U</i> _	11-97	
SIGNATURE	<i>a                                    </i>	Registered Agent signature requ	4-	11-97 DATE	
SIGNATURE Signature Unional Approach name of legal OFFICE	ered agent ent little applicable (NOTE		4-	DATE	ORS IN 12
SIGNATURE Signally Junible printed name of legal  12.  OFFICER	ered agent and little diaphicable (NOTE	: Registered Agent signature requ	ered when reinstating)	DATE	DRS IN 12
SIGNATURE Signally Juniter printed name of legal  12.  OFFICED  DEMPSEY, JAMES A	ered agent ent little applicable (NOTE	: Registered Agent signature requ	ered when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
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I. I do 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 am 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.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 (813)643-123