


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90048 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000054186					
1. Corporation Name A AFFORDABLE SIGN CO. OF BREVARD, INC.					
Principal Place of Business 9100 ELLIS RD., UNIT A MELBOURNE FL 32904-1037			Mailing Address 9100 ELLIS RD., UNIT A MELBOURNE FL 32904-1037		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3389220	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent VANDIVER, CLAUDE 2455 NEW YORK ST MELBOURNE FL 32905 32904				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code FL 32904
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PS	<input type="checkbox"/> DELETE			
NAME	VANDIVER, CLAUDE				
STREET ADDRESS	2455 NEW YORK ST.				
CITY-ST-ZIP	MELBOURNE FL 32904				
TITLE	VPT	<input type="checkbox"/> DELETE			
NAME	VANDIVER, SHIRLEY				
STREET ADDRESS	2455 NEW YORK ST.				
CITY-ST-ZIP	MELBOURNE FL 32904				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
21.1 TITLE					
21.2 NAME					
21.3 STREET ADDRESS					
21.4 CITY-ST-ZIP					
22.1 TITLE					
22.2 NAME					
22.3 STREET ADDRESS					
22.4 CITY-ST-ZIP					
31.1 TITLE					
31.2 NAME					
31.3 STREET ADDRESS					
31.4 CITY-ST-ZIP					
41.1 TITLE					
41.2 NAME					
41.3 STREET ADDRESS					
41.4 CITY-ST-ZIP					
51.1 TITLE					
51.2 NAME					
51.3 STREET ADDRESS					
51.4 CITY-ST-ZIP					
61.1 TITLE					
61.2 NAME					
61.3 STREET ADDRESS					
61.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 (407) 724-2266

CR2E034 (11/98)

0109750