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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062385 (5)

IMAGES SIGN PROGRAMS, INC.

FILED Feb 21 1997 8:00am Secretary of State

Dringinal Dia									
	ce of Business	Mailing Address							
	IMERCIAL BLVD.	2400 E. COMMERCIAL BLVD. SUITE 302							
SUITE 302	DALE FL 33307	FT. LAUDERDALE FL 33:	308-4022						
FI. CHODERE	THE IE SOOT	ii grygalighta is yn	W- 1055		3. Date Incorporate 07/24/1996	ed or Qualified	3a. Date	e of Last F	Seport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		-1,	T A	oplied For
11		26						ot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired Section				
City & Sta	ate	City & State			6. Election Campai Trust Fund Contr	• • • • • • • • •			May Be to Fees
Zip	Country	Zip	Country	у	6. This corporation	has liability for i	intangible ta	ax under s	. 199.032,
4	25	29	30		Florida Statutes			No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Add	ress of New Re	gistered A	gent	
	INCHES, DEBORAH A		81	Name					
59	61 BAYVIEW DRIVE		62	Street Add	Iress (P.O. Box Number	is Not Acceptab	ole)		
FT	. Lauderdale fl 33308						:		
			83	3					
			64	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
dd Durauan	Lto the provisions of Continue 607.05	02 and 607 1509 Elevida Ptot	tan the abov	I named cor	poration outpoits this ato	tomont for the r	Virono of a	hanaina i	te registered
agent I	it to the provisions of Sections 607.05 registered agent, or both, in the Stall am familiar with, and accept the oblig	gations of, Section 607.0505, I	-iorida Statute	98.					
SIGNATURE	Signature, typed or printed name of registered ag				ired when reinstating) ADDITIONS/CHAN	,	DATE		
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AN	gent and tille if applicable. (NO	OTE: Registered Ag	gent signature requ	ired when reinstating)	,	DATE CERS AND		IS IN 12
SIGNATURE 12. TIILE	Signature, typed or printed name of registered as OFFICERS AND SANCHES, DEBORAH A	gent and title if applicable. (NO	OTE: Registered Ag	gent signature requ	ired when reinstating)	,	DATE CERS AND	DIRECTOR	IS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS AND SANCHES, DEBORAH A 5961 BAYVIEW DRIVE	gent and title if applicable. (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREE	pent signature requ	ired when reinstating)	,	DATE CERS AND	DIRECTOR	IS IN 12
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I do hereby certify that the information supplied with this filing toes 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 minual 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 research 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 an absorbtion with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OR DIRECTOR

2 1/25/97 984 4888828 Day Daytime Phone #