

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063069 (4)

1. Corporation Name

ARTS & LETTERS SIGNS, INC.



Principal Place of Business

10387 GANDY BLVD NO #111
ST PETERSBURG FL 33702

Mailing Address

10387 GANDY BLVD NO #111
ST PETERSBURG FL 33702-2339

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORREIRA, WILLIAM JR
10387 GANDY BLVD NO #111
ST PETERSBURG FL 33702

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

City

FL

85

Zip Code

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

William Correia Jr. as President

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

April 7, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CORREIRA, WILLIAM JR	
STREET ADDRESS	10387 GANDY BLVD NO #111	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPNICK, RODNEY V	
STREET ADDRESS	10190 125 ST NO	
CITY-ST-ZIP	SEMINOLE FL 34842	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	Correia, Gale A	
STREET ADDRESS	1811 Michigan Ave NE	
CITY-ST-ZIP	St. Petersburg FL 33703	
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

1.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GALE A. CORREIRA	
1.3 STREET ADDRESS	1811 Michigan Ave NE	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE:

William Correia Jr. as President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 97 813 576-2576

Date

Daytime Phone #

CR2E034 (9/96)