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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P9600063598 (2)

ERIMARK ELECTRIC SIGN CO., INC.

Principal Place	of Business	Mailing Address		I LOONIOON UUR JANKA JANKA OONIN OONIN OOKIA	84118
2027 SHERMAN STREET HOLLYWOOD FL 33020		2027 SHERMAN STREET HOLLYWOOD FL 33020-2	1126	·	
				3. Date Incorporated or Qualified 07/30/1996	3a. Date of Last Report
—— ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	fl. ata	Suite, Apt. #, etc.		65-0696374	Not Applicable
22	nggy i in in anggapa ping aga a in in anggapa ping anggapa an anggapa ang anggapa anggapa anggapa anggapa anggapa	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<del>}</del>	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes	Yes No
	9, Name and Address of Curren	t Registered Agent	ad to	10. Name and Address of New Reg	istered Agent
STANLEY STEVEN A.					
6950 CYPRESS ROAD				ress (P.O. Box Number is Not Acceptabl	
SUITE 101 PLANTATION FL 33317			83	27 SHERMAN S	) <i>T</i> .
, rux	117 DON 1 C 33311				
		_	84 City /-/0	LLYWOOD	FL 85 Zip Code 33020
11. Pursuant t	to the provisions of Sections 697.050	2 and 607.1508, Florida State	ites, the above-named corp	poration submits this statement for the pr	rpose of changing its registered
11. Pursuant to the provisions of Sections 697.0502 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 and accept the appointment of the purpose of changing its registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent. I am familiar and accept the appointment as registered agent.					
SIGNATURE	SILO XILLO	. PRES.		01	121/97
	Signature, typico or printed manic of registered a $\epsilon$		OTE: Registered Agent signature requir		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSD Stanley, Steve	☐ DELETE	1.5 TITLE		Change Addition
NAME	2027 SHERMAN STREET		1.2 NAME		·
STREET ADDRESS	HOLLYWOOD FL 33020		1.3 STREET ADDRESS		
CITY-ST-ZIF TITLE	VO	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	,	Change Addition
NAME	ANNIS, JOHN		2.2 NAME		
STREET ADDRESS	2027 SHERMAN STREET		2.3 STREET ADORESS		
CITY-S1-ZIP	HOLLYWOOD FL 33020		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	P. C. Park	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP			3.4 CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TOTLE		L_J DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Change   Addition
THLE		ב טפנכונ	5.1 TITLE		Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS  CITY+S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-7(P			6.4 CITY-ST-ZIP		
14. Ldo hereb	by certify that the information supplied	d with this filing does not qua	lify for the exemption stated	d 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 cord ration or the reference empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it standard, or on a fattachment with an address.					
appears in Block 12 or Block 13 it Managed, or on affattachy on with an address.					