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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067580 (6)

ALTERNATE SIGNS INC.

Principal Place of Business

Mailing Address

OCCUPAN OF STREET

FILED Apr 30 1997 8:00am Secretary of State

E-Mail: altsigns@juno.com

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MIAMITE 391		MIAMI FL 33166-2627			
 				3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last Report
	Place of Business NW 107 th AVE	2a. Mailing Address	77H A.M	4. FEI Number	Applied For
21 4/0		26 1470 NW/0	I'' AVE	65.0690731	Not Applicable
Suite, Apt. 22 6017	re H	Suite, Apt. #, etc. SUITE H		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23 M/A/	MI, FLORIDA	City & State MIAMI, FLO	RIOA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33177	2-2744 25 USA	29 33172.2744 30	USA		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	lstered Agent
	NDEZ, RAUL JR		81 Name		
	14 SW 134 PLACE IMIFL 33184		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
			83		
			84 City		FL 85 Zip Code
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.05.02 registered agent, or both, in the State cam familiar with, and accept the obligations of the section	of Florida. Such change was authoritions of, Section (1) 70505, Florida	ne above-harned corporal statutes. Proporal Statutes. Proporal Statutes and the corporal statutes are considered Agent Statutes and the considered Agent Statute requirements are considered Agent Statute requirements.	poration submits this statement for the pution's board of directors. I hereby accept the NB . VP 4	urpose of changing its registered the appointment as registered
12.	OFFICERS AND		istereo Ageni signature requ 13.	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
TITLE	PD		1) TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	MENDEZ, RAUL JR		12 NAME		
STREET ADDRESS	DROG NIC ON STREET 1470 (VW 107THAVE -1	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMIFE 83168 MIAM		1.4 CHY-ST-7IP		
TITLE	VID	DELETE	2) TITLE		Change Addition
NAME	CHEING, JORDANA	ONW 107TH AVE H	2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL 33108-2827 M/H	· · · · · · · · · · · · · · · · · · ·	2 4 CITY - ST - ZIP		
TITLE		- "	31 THLE		Change Addition
NAME			3 2 NAME		:
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		-	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-7IP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- \$T-ZIP		
TITLE		☐ DEL€1E	6.1 TITLE	_	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6 4 CITY - ST - 7IP		

14. I do hereby certify that the information supplied with this fing 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 respiver 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 an attachment with an address.