

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90011 027 \*\*\*558.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000081035** ✓  
 Corporation Name

**SIGNATURE SYSTEMS INC.**



Principal Place of Business Mailing Address  
**11 CLERMONT STREET** **8201 CLERMONT STREET**  
**MPA FL 33637** **TAMPA FL 33637**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/27/1996**

4. FEI Number **59-3440904** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

Principal Place of Business 2a. Mailing Address  
**14612-5 Grenadine dr.** **14612-5 Grenadine dr.**

Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

City & State 28. City & State  
**Tampa, FL** **Tampa, FL**

Zip 25. Country 29. Zip 30. Country  
**33613** **US** **33613** **US**

9. Name and Address of Current Registered Agent  
**LETTIERO, KEITH**  
**8201 CLERMONT STREET**  
**TAMPA FL 33637**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**14612-5 Grenadine Dr.**

83

84 City **Tampa** FL 85 Zip Code **33613**

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 **Keith Lettiero** **Keith Lettiero** **9-1-99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	<b>P</b> <b>LETTIERO, KEITH</b> <b>8201 CLERMONT STREET</b> <b>TAMPA FL 33637</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P</b> <b>Keith Lettiero</b> <b>14612-5 Grenadine dr.</b> <b>Tampa, FL 33613</b>
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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

SIGNATURE: **Keith Lettiero** **9-1-99** **813-972-1312**

CR2E034 (5/99)