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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jul 09 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	/IEN   # P9600 IG & SIGN ENGINEERING	0097628 (7 CORP.	)		I 1011 1914 1914 1914 1914 1914
Principal Place	of Business	Mailing Address			<u> 1041 10010 84148 1168 1011 1001</u>
1900 N.W. 40TH COURT BLDG. 1 POMPANO BEACH FL 33064		1900 N.W. 40TH COURT BLDG. 1 POMPANO BEACH FL 33064		DO NOT WRITE IN THI	S SPACE
(				3. Date Incorporated or Qualified	
2. Principal Pla	on of Business	2a. Mailing Address		11/26/1996 4. FEI Number	Applied For
21	CO OF DOSINESS	26		65-0714391	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current	Registered Agent	81 Nam	10. Name and Address of New Registere	J Agent
	MAGLIA, ANTHONY E JR.		OT INATI		
147 DEER CREEK BLVD.			82 Stree	et Address (P.O. Box Number is Not Acceptable)	
	ji <b>te</b> 402 E <b>rr</b> field Beach Fl 33442		83		
"	ENFIELD BEACH FL 33442				
			84 City	F	L 85 Zip Code
agent lan	i familiar with, and accept the obligational specific and accept the obligations.	tions of, Section 607.0505, Flo	orida Statutes.  Registered Agent signat	ed corporation submits this statement for the purpose orporation's board of directors. I hereby accept the appropriate the purpose of the pur	
12.	OFFICERS AND	DELETÉ	13.	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12 Change Addition
TITLE NAME	D Cimaglia, anthony e Jr.	בן טכננונ	1,2 NAME		
STREET ADDRESS 147 DEER CREEK BLVD., #402		ເດວ	1.3 STREET ADDRESS	s l	
CITY-ST-ZIP	DEERFIELD BEACH FL 3344		1.4 CITY-ST-ZIP		
TITLE	Padri (200 DE 1011 / C 001 )	DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS	s [	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		L., DELETE	3.1 TITLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	S	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		□ Witti	4. 2 NAME		E onanga E noonan
NAME STREET ADDRESS			4. 2 NAIVIE 4.3 STREET ADDRESS	s	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	1	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	s	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	s	

6.4 CITY - S1 - ZIP 14. Thereby 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, if on an attachment with an address.