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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700001232 (2)

SIGNS IN ONE DAY OF CAPE CORAL, INC.

Principal Place	of Business	Mailing Address	Mailing Address		
3006 DEL PRAD SUITE 1 CAPE CORAL F		SUITE 1	3006 DEL PRADO BLVD. SUITE 1 CAPE CORAL FL 33904-7212		Date Incorporated or Qualified
					12/31/1996
21	ace of Business	2a. Mailing Addre	6S		4. FEI Number 0721785 Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, 6	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Cour	try	This corporation has liability for intangible tax under s. 199.032,
24	25	29	30		Florida Statutes S'Yes No
<u></u>	9. Name and Address of Cur	rent Registered Agent		<u> </u>	10. Name and Address of New Registered Agent
	on, Joseph			31 Name	
3006 SUIT	DEL PRADO BLVD.			32 Street Addi	ress (P.O. Box Number is Not Acceptable)
	E CORAL FL 33904			33	
			-	34 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.6	0502 and 607.1508, Florida	Statutes, the ab	ove-named corp	poration 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	- Bank or gradual	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DEL	TE 1.1 1111	E	Change Addition
Name	NATION, JOSEPH		1.2 NA	AE.	
STREET ADDRESS	3006 DEL PRADO BLVD. SU	ITE 1	1.3 STA	EET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	T NO		/-ST-2IP	
TITLE		[_] DEL			Change Addition
NAME PTOSET APPROVAGE			2.2 NAM		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP TITLE		DEL		Y-ST-ZIP F	Change Addition
NAME		_	3.2 NA		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y - S1 - ZIP	
TITLE		☐ DEL	ETE 4.1 TITI	E	Change Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP		······································		r - ST - ZiP	
TITLE		☐ DEL	ETE 5.1 TITI	E	☐ Change ☐ Addition
NAME			5.2 NA		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP		☐ DEL		r-ST-ZIP	Observe Daylor.
TITLE		Utt.			☐ Change ☐ Addition
NAME etocct apopece			6.2 NA		
STREET ADDRESS			2	EET ADDRESS	
CITY-ST-ZIP 14. I do heret	by certify that the information supp	blied with this filing does no		r-ST-ZIP 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Spatutes; and that my name					