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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017024

1. Corporation Name

SIGNS NOW CANADA CORPORATION

| Principal Place of Business | | Mailing Address | | | | | |
|---|---|--|---|---|---|---------------------------------------|------------------|
| 4900 MANATEE AVENUE WEST SUITE 201 | | 4900 MANATEE AVENUE WEST SUITE 201 | | OC MOT WINT | E IN THIS SDAGE | | |
| BRADENTON FL 34209 | | BRADENTON FL 34209 | BRADENTON FL 34209 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 02/21/1997 | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | Applied For |
| 21 26 | | 26 | | | 65-0729990 | | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | \$8. 7 | 75 Additional | |
| <u></u> | | 27 | , | | 5. Certifcate of Status Desired | ≱ Fe | e Required |
| City & State | | | City & State | | 6. Election Campaign Financing | ¢5 | .00 May Be |
| F | | | 7 | | Trust Fund Contribution | | ded to Fees |
| | | 28 | Zip Country | | | · · · · · · · · · · · · · · · · · · · | 000 10 1 |
| Zip | | | _ ` | G. This corporation error and derroit y | | ent year intangible ∐Yes | ⊠ No |
| 24 | 25 | | 30 | · · · · · · · · · · · · · · · · · · · | Personal Property Tax. | | ESINO |
| | 9. Name and Address of Current | Registered Agent | | T | 10. Name and Address of New R | egistered Agent | |
| DEV. | TD DAVID A | | 81 | Name | | | |
| BEYER, DAVID A | | | 82 | Street | Address (P.O. Box Number is Not Acceptate | ble) | |
| C/O RUDNICK & WOLFE | | | " | Curect | Address (1 .O. Box (tallibor to the viscopial | , | |
| 101 AST KENNEDY BOULEVARD, SUITE 2000 | | | 83 | | | | |
| TAM | PA FL 33602 | | | | | | |
| | | | 84 | | | FL T | Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the abov | e-named | corporation submits this statement for the poration's board of directors. I hereby accept | ourpose of changin | g its registered |
| office or re agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligation | f Florida. Such change was au ons of, Section 607.0505, Flori | thorized by da Statute: | the corp s. | oration's board of directors. I hereby accept | t the appointment a | as registered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Age | nt signature | required when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRE | CTORS IN 12 |
| TILE | D | ☐ DELETE | 1.1 TITLE | | | ☐ Cha | inge Addition |
| NAME | EVANS. MURRY J | _ | 1.2 NAME | | | | |
| AND ASSAULT AUTHOR AUTOM | | | | T 40000000 | | | |
| DOLDENTON EL ALGOS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY-5 | ST-ZIP | | Cha | nge Addition |
| TITLE | CTCE | ⊠ DELETE | 2.1 TITLE | | | □ сна | inge 🗆 Addition |
| NAME | eason, dewey e | | 2.2 NAME | | | | |
| STREET ADDRESS | 4900 MANATEE AVENUE WEST | SUITE #201 | 2.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL 34209 | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | | | 3.1 TITLE | | | ☐ Cha | nge Addition |
| NAME | ETCHIESON, MICHAEL L | • | 3.2 NAME | | | | |
| 1 : | 4900 MANATEE AVENUE WEST | CHITE #201 | 1 | T ADDDESO | | | |
| STREET ADDRESS | | SUITE #201 | 1 | T ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL 34209 | | | ST-ZIP | | ☐ Cha | nge [7] Addition |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | | □ Cha | inge 🗀 Addidon |
| NAME | POLICH, CATHY | | | | | | |
| STREET ADDRESS | s 4900 MANATEE AVENUE WEST SUITE #201 | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL 34209 | | 4.4 CITY-1 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Vice President - Operation | Cha | inge 🔀 Addition |
| NAME | | | 5.2 NAME | | Corona Randy | | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | Vice President - Operation Corona, Randy 4900 Manatee How W. | ste. 201 | |
| | | | 5.4 CITY- | | Bradenton, FL 3420 | 9 | |
| CITY-ST-ZIP | | | | , - CIF | stadenon, The 3920 | Cha | nge Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | L] Cha | inge LI Addibbli |
| NAME | | | 6.2 NAME | | Į. | | |
| | | | | T ADDRESS | | | |

14. 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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: