## **FILE NOW: FILING FEE AFTER**

**PROFIT** CORPORATION **ANNUAL REPORT** 



**4S \$550.00** 

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000019402 (1)

SIGNATURE EDITIONS, INC.

	Principal Place of Business	Mailing Address								
	3389 SHERIDAN STREET #310 3389 SHERIDAN STREET # HOLLYWOOD FL 33021 HOLLYWOOD FL 33021			310		DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualified 03/03/1997			
	2. Principal Place of Business	2a. Mailing Address	Mailing Address			4.	FEI Number		Applied For	
Ŀ	21	26					65-01-497	<u> 131</u>	Not Applicable	
	Sulte, Apt. #, etc. Suite, Apt. #, etc.						Certificate of Status Desired	\$8.75 Additional		
	22 27				Fee F				Fee Required	
	City & State	City & State	City & State			Election Campaign Financing \$5.00 May Be				
- [	23	28							dded to Fees	
	Zip Country	Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible				
Ŀ	24 25	29	30			<u> </u>	Personal Property Tax due June 30.	Yes	s 🔲 No	
Ţ	9. Name and Address of Current Registered Agent			81		10.	Name and Address of New Registered	Agen	l	
1	YALON, VARDA				Name					
3389 SHERIDAN STREET #310 HOLLYWOOD FL 33021				82	Street Address	ddress (P.O. Box Number is Not Acceptable)				
1	TIOLETTI OOD TE VOOLT		!	83			- · · · · · · · · · · · · · · · · · · ·			
				B4	City		FL	85	Zip Code	
	<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat</li> </ol>	02 and 607.1508, Florida Statu e of Florida. Such change was	authorize	d by	named corpor the corporation	ratio n's t	n submits this statement for the purpose oppored of directors. I hereby accept the app	f chan pointm	iging its registered ent as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change 1.1 TITLE YALON, VARDA NAME 1.2 NAME 3389 SHERIDAN STREET #310 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this fling 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 agricular 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 receiper or drustee 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 attagramment with an addless.

CIGNATURE.

**FILED** 

Jan 29 1998 8:00am

Secretary of State