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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019402

SIGNATURE EDITIONS, INC.

Princ	cipal	Place	of	Busin	ess
2380	SHE	RIDAN	S	REET	#316

Mailing Address

3389 SHERIDAN STREET #310

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90066 028 ***150.00



HOLLYWOOD FL 33021		HOLETWOOD PE 33021			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					03/03/1997			
2. Principal Pla	2a. Mailing Address	dress		4. FEI Number '		olied For		
21		26	_		65-0744773		Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	I	
22		27			3. Germonic of Grands Boomed	Fee Re	quired	
City & State	•	City & State			6. Election Campaign Financing	\$5.00		
23	28			Trust Fund Contribution		Added to	Fees	
Zip	Country Zip			untry 8. This corporation owes the current year Intangible			_	
24	25	29 30	0		1 croomar reporty ram		□No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered A	gent		
		Control of	81	Name				
YALC	on, varda 🕝			Ot 1 0 dw	Honor (D.O. Boy Number is Not Assentable)			
	SHERIDAN STREET #310		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	LYWOOD FL 33021		83			4 1	\$ x 3 - +3	
1,02.						r'	<u> 51, 112, 111, 111, 111, 111, 111, 111, </u>	
			84	City	FL	85 Zip C	Code	
						<u> </u>	i-torod	
					poration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoint	ment as reg	gistered	
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Ro	egistered Ager	nt signature requir	red when reinstating) . DATE			
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	Р	· DELETE	1.1 TITLE			Change	Addition	
1	YALON, VARDA		1.2 NAME		•	•		
NAME	3389 SHERIDAN STREET #310	1	1	T ADDRESS				
STREET ADDRESS		1						
CITY-ST-ZIP	HOLLYWOOD FL 33021	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219		Change	Addition	
TITLE		bereit				_ ·	_	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP		····	2.4 CITY-5	ST-ZIP			Addition	
TITLE .		☐ DELETE	3.1 TITLE			☐ Change	CT Madition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS		. 1 (38)	3 12 17	
CITY-ST-ZIP	.1		3.4. CITY-5	ST-ZIP	in the second second	31 2		
TITLE		☐ DELETE	4.1 TITLE		5 TO 1	Change '	Addition	
NAME			4. 2 NAME					
				TADDRESS				
STREET ADDRESS			4.4 CITY-S					
C/TY-ST-Z/P		☐ DELETE	5.1 TITLE	- LIF		Change	Addition	
TITLE		C bereit	5.1 TILE 5.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS	L :							
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		☐ Change	☐ Addition	
TITLE	*	☐ DELETÉ	6.1 TITLE			☐ Change	[_] Mudidoll	
NAME			6.2 NAME					
STREET ADDRESS	1		6.3 STREE	TADDRESS		• .	•	
CITY ST 7ID			6.4 CITY-5	ST-ZIP				

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.6.49

305-931-0/08

22F034 (11/98)