## 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 # P97000026741

1. Corporation Name

SIGN FACTORY INC

## FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90005 040 \*\*\*150.00

Mailing Address Principal Place of Business 1320 W 34 ST 1320 W 34 ST HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/20/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0741411 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State Election Campaign Financing City & State \$5.00 May.Be Added to Fees Trust Fund Contribution 23 28 Country Zip Zip Country This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRIETO, COREY Street Address (P.O. Box Number is Not Acceptable) 1320 W 34 ST HIALEAH FL 33012 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition □ DELETE 1.1 TITLE TITLE PRIETO, COREY 1.2 NAME NAME 1320 W 34 ST 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE MARY LOU PRIETO PRIETO, MARY L 2.2 NAME NAME 1320 W 34 ST 2.3 STREET ADORESS STREET ADDRESS HIALEAH FL 33012 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change . Addition 3.1.TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

City-ST-ZIP 14. I hereby certify that the information indicated on this annual report or 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 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 allow on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the ic an attachment with an address, with all other like empowered. Block 12 or Block 13 if

SIGNATURE:

MATUR