


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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000031588 (1) 1. Corporation Name CR SIGNS, INC.	



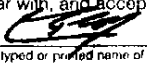
Principal Place of Business 7226 W. COLONIAL #101 ORLANDO FL 32818	Mailing Address 7226 W. COLONIAL #101 ORLANDO FL 32818
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/07/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number - TAX ID NUM 59-344994 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REFFITT, PHILLIP 2509 ORANGE BLVD. KISSIMMEE FL 34741				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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:  1-24-97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED	1.1 TITLE	Change Addition			
NAME	ROY, CHAD		1.2 NAME				
STREET ADDRESS	10668 WHITMAN CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY-ST-ZIP				
TITLE	D	DELETED	2.1 TITLE	Change Addition			
NAME	MAURICE, STEPHANIE		2.2 NAME	STEPHANIE ROY			
STREET ADDRESS	10668 WHITMAN CIRCLE		2.3 STREET ADDRESS	10668 Whitman Circle			
CITY-ST-ZIP	ORLANDO FL 32821		2.4 CITY-ST-ZIP	ORLANDO FL 32821			
TITLE		DELETED	3.1 TITLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETED	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETED	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETED	6.1 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 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.

SIGNATURE:  1-24-97 402-313-7955

CR2E034 (10/97)