

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

FILED
Apr 13 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 # P97000031802 (6)
1. Corporation Name
DIRECT SIGN AND TINT, INC.



Principal Place of Business
2087 DUNCAN DRIVE
BELLEAIR BLUFFS FL 33770

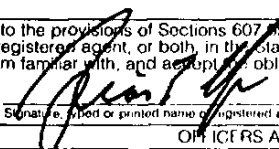
Mailing Address
2087 DUNCAN DRIVE
BELLEAIR BLUFFS FL 33770

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21 2325 MOOREHAVEN DR. W. Suite, Apt. #, etc. | | 2a. Mailing Address 26 2325 MOOREHAVEN DR W Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 04/07/1997 | |
| 22 City & State 23 CLEARWATER FL | | 27 City & State 28 CLEARWATER, FL | | 4. FEI Number 59-3451367 | |
| 24 33763 | | 29 33763 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 PINELLAS | | 30 PINELLAS | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 26 | | 31 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent LADRIG, BRIAN 2087 DUNCAN DRIVE BELLEAIR BLUFFS FL 33770 | | 10. Name and Address of New Registered Agent 81 Name BRIAN LADRIG 82 Street Address (P.O. Box Number is Not Acceptable) 2325 MOOREHAVEN DR. W. 83 84 CLEARWATER FL 85 Zip Code 33763 | |
|---|--|---|--|

11. Pursuant to the provisions of Sections 607.002 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  DATE 4/6/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE D. LADRIG, BRIAN 2087 DUNCAN DRIVE BELLEAIR BLUFFS FL 33770 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. LADRIG, BRIAN 2325 MOOREHAVEN DR. W CLEARWATER FL 33763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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; the receiver or treasurer 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 to an address.

SIGNATURE:  PROS. 4/6/98

CR2E034 (10/97)