1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044835

1. Corporation Name

SEND-A-SIGN COMPANY

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90039 022 ***150.00



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|--|---|--|----------------|---|--------------|---|---------------------------|------------------------------|------------------------------------|
| Principal Place | e of Business | Mailing Address | | | | 1 (30)(00) 19) 1871((00) 30)(1) 49: | 115 Märra Marter M | 1817 BIBBI INIBI | 3 311 0 1 8 111 1881 |
| | 278 N. FEDERAL HIGHWAY. STE. 511 6278 N. FEDERAL HIGHWAY. ST. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 | | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | er en er | | | ļ | 3. Date incorporated or Qualifed 05/21/1997 | | | |
| 2. Principal P | | | | 4. FEI Number | | Ar | oplied For | | |
| 21 6311 NEIHAN TERRACE 26 6311 NEIH | | | | TELACE W | | 65-0749299 | | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | 5. Certificate of Status Desired | | • | Additional equired |
| City & State | | me fu | | 6. Election Campaign Financing Trust Fund Contribution | | Added to Fees | | | |
| Zip 24 333 | | 29 3733 H | 30 Cou | U.S. | A. | This corporation owes the curre Personal Property Tax. | | Yes | A No |
| | 9. Name and Address of Curren | t Registered Agent | | Dal N | | 10. Name and Address of New F | | | |
| DON | OVANI VIMPEDI V A | | | 81 Name | KIN | BERLY A. DI | AVOUG |) | ĺ |
| DONOVAN, KIMBERLY A 6278 N. FEDERAL HIGHWAY, STE. 511 | | | | | Addres | S (P.O. Box Number is Not Accepta | as A C | | |
|) Fi.i | LAUDERDALE FL 33334 | | | [83] | | • | | | j |
| | | | | 84 City | 00 | ZLAGSZOLAJ T | FL | 85 Zip 33 | Code 4 |
| office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was | authorized | t by the corpo | corporation' | ation submits this statement for the is board of directors. I hereby accep | purpose of out the appoin | changing its itment as re | registered igistered |
| SIGNATURE | | , | | | | • | | | ļ |
| SIGNATURE | Signature, typed or printed name of registered ager | t and title if applicable. (NO | TE: Registered | Agent signature r | equired w | | DATE | | |
| 12, | | D DIRECTORS | 13. | | \ | ADDITIONS/CHANGES TO OF | | | |
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| NAME | Donovan, Kimberly A. | | 1.2 N | WE 💛 | | ALLONO M. DONOUS | س_ ربا | | į |
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| | • | | 840 | TV ST. 7ID | I | | | | J |

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 suppliemental 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

JUDIATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOLL DEMOVAL VEE PRES. SENT