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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

WESLEY CHAPEL FL 33543

2a. Mailing Address

City & State

27

28

29

Suite, Apt. #, etc.

DOCUMENT # P97000076392 (4)

VIPER SIGNS, INC.

ZEPHYRHILLS FL 33544

Suite, Apt. #, etc.

City & State

Zip

STREET ADDRESS

CITY-ST-ZIP

21

22

23

24

2. Principal Place of Business

25

WESLEY CHAPEL FL 33544

REIBER, JACOB I 27429 SR 54 W

-	
Principal Place of Business	Mailing Address
27529 HWY 54 W	PO ROY 7055

9. Name and Address of Current Registered Agent

Apr 01 1998 8:00am Secretary of State

	DO NOT WRIT	E IN THI	S SPAC	E	
3.	Date Incorporated or Qualified				
4.	09/02/1997 FEL Number Applied For			Applied For Not Applicab	ole
Б.	Certificate of Status Desired			3.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
8.	This corporation owes or has p Personal Property Tax due June	e 30.	Yes	s □ No	_
10.	Name and Address of New R	egistere	d Agen	t	
s (P	O. Box Number is Not Accepta	ble)			_
	Mash.	F	L 85	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, typod or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE CAPPUCCILLI, JOSEPH NAME 1.2 NAME STREET ADDRESS 27529 SR 54 W 1.3 STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33543** 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TIT1 F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 700002476079*** Addition TITLE **6.1 TITLE** 6.2 NAME NAME -04/02/98--01002--005

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 composition of 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 internment with an address.

***150.00

2/22/00

972

Country

62

83

Name

City

Street Addres

30