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 # P98000013662

1. Corporation Name

HOUSE OF SIGNS, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90105 016 ***150.00



Principal Place of Business Mailing Address							
POST OFFICE BOX 210994		POST OFFICE BOX 210994					
WEST PALM BEACH FL 33421-0994		WEST PALM BEACH FL 33421-0994					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							02/10/1998
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21		26					.65-0824982 Not Applicable
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	<u> </u>	27					Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	Countr	У		8. This corporation owes the current year Intangible
24	25	29	30	<u> </u>			Personal Property Tax. X Yes □No
Name and Address of Current Registered Agent					-1 -		10. Name and Address of New Registered Agent
CDE	CTOD DAVID I			8	יווי	Name	· · · · ·
SPECTOR, DAVID I				82	2 8	Street Addres	ss (P.O. Box Number is Not Acceptable)
515 FLAGLER DRIVE							
•	E 600			83	3		
WES	T PALM BEACH FL 33401			84	4 6	City	85 Zip Code
				04	ָר ר	Jily	FL SOURCE
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 based or projeted game of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent a				ent sig	nature required w	The state of the s
12.	OFFICERS AND	DIRECTO	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DITAVIK MADK		[] DEFE IE				_ stange
NAME	RITAYIK, MARK			1.2 NAME			
STREET ADDRESS	37 LAKE ARBOR DRIVE			1.3 STREE			·
CITY-ST-ZIP	PALM SPRINGS FL 33461		C7 00:	1.4 CITY-		P	☐ Change ☐ Addition
TITLE			2.1 TITLE		1	☐ Change ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET AD	DRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467-1115			2. 4 CITY-	-ST-Z	iP	1
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	ET AD	ORESS	
CITY-ST-ZIP				3.4. CITY-	ST-Z	IP	
TITLE			☐ DELETE	4.1 TITLE		ĺ	☐ Change ☐ Addition
NAME				4. 2 NAME	E		•
STREET ADDRESS				4.3 STREE	ET AD	DRESS	
CITY-ST-ZIP				4,4 CITY-	ŞT-ZI	Р	
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME		-	
STREET ADDRESS				5.3 STREE	ETAD	ORESS	
CITY-ST-ZIP				5.4 CITY-	ST-ZI	P	
TITLE			☐ D€LETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME			

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, with all other like empowered.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Terry L. Fairman Sec. 1-14-99 (561) 795-5353