

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

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

02-24-1999 90168 005 ***150.00

DOCUMENT # P98000055839

1. Corporation Name
SIGN ONE PARTNERS INC.

Principal Place of Business
1061 E. 28TH STREET
HIALEAH FL 33013

Mailing Address
1061 E. 28TH STREET
HIALEAH FL 33013



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

65-0845361

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

THALMAN, GEORGE
1061 E. 28TH STREET
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

Carter BROOKS

82 Street Address (P.O. Box Number is Not Acceptable)

1061 E 28th St

83

84 City

Hialeah, FL

FL

85 Zip Code

33013

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 Carter BROOKS, Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/99

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Carter Brooks		
1.3 STREET ADDRESS	1061 E 28th St		
1.4 CITY-ST-ZIP	Hialeah FL 33013		
2.1 TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	George Thalman		
2.3 STREET ADDRESS	1061 E 28th St		
2.4 CITY-ST-ZIP	Hialeah FL 33013		
3.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Elizabeth Thalman		
3.3 STREET ADDRESS	1061 E 28th St		
3.4 CITY-ST-ZIP	Hialeah FL 33013		
4.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Gisela BROOKS		
4.3 STREET ADDRESS	1061 E 11th Ave		
4.4 CITY-ST-ZIP	Hialeah FL 33013		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:

Gisela Brooks REQUIRED

2/15/99

305-888-6565

CR2E034 (11/98)