

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

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AND  
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99 JUN -9 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000081807**  
1. Corporation Name  
**MR. SIGNS OF ENGLEWOOD, INC.**

Principal Place of Business      Mailing Address  
**7246 Mineola Rd.      7246 Mineola Rd.**  
**Englewood, FL 34224      Englewood, FL 34224**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/17/98	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0865807	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SUSAN A. KENNIE</b> <b>7246 Mineola Rd.</b> <b>Englewood, FL 34224</b>				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan A. Kennie	1.2 NAME	
STREET ADDRESS	7246 Mineola Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Englewood, FL 34224	1.4 CITY-ST-ZIP	800002905208--3
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	-06/15/99--01073--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	****150.00 ****150.00
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Susan A. Kennie Date: 5/21/99

CR2E034 (11/98)

YBS  
6-11-99

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Susan A. Kennie, President  
Mr. Signs of Englewood, Inc.  
7246 Mineola Road  
Englewood, FL 34224

May 6, 1999

COPY

Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: **Mr. Signs of Englewood, Inc.**  
**Document No. P98000081807**

Gentlemen:

With regard to the above referenced corporation, I did not receive an Annual Report which I understand is to be filed with Florida Department of State.

Accordingly, enclosed please find my check made payable to the Florida Department of State in the amount of \$150.00 as the annual report fee.

Please note that all correspondence regarding this matter should be directed to:

7246 Mineola Road  
Englewood, Florida 34224

Thank you your cooperation and assistance in this matter.

Sincerely,

*Susan A. Kennie*

Susan A. Kennie