### 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 # **P98000082050**

1. Corporation Name

# **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90138 047 \*\*\*150.00

ATA SIGI	N CITY, INC.								
Principal Place	e of Business	Mailing Address							
2720 NE 8TH A	VE.,#4	2720 NE 8TH AVE#4							
WILTON MANORS FL 33334 WILTON MANORS FL 33334						DO NOT WRI	TE IN THIS	SDACE	
					3. Date Incorporate		1 C IN THIS	SERVE	
					09/21/1998	o or Qualicu			ļ
	land f Dunings	2a. Mailing Address			4 FELNumber			Anr	olied For
<del></del>	lace of Business	<b>├</b>			65 00	86680	9		Applicable
Suite, Apt.	# 010	Suite, Apt. #, etc.			10 00	10 40 W		\$8.75 A	
	#, etc.				<ol><li>Certificate of Star</li></ol>	tus Desired		Fee Re	
City & State		City & State			6. Election Campai	ian Financina		\$5.00	May Be
		28			Trust Fund Cont			Added to	•
Zip	Country	Zip	Country		8. This corporation		ent vear Int	angible \	
24	25		10		Personal Proper		<b>,</b>	Yes	<b>M</b> No ∣
27	9. Name and Address of Curre		<del>"</del>		10. Name and Add		Registered	Agent	
			81	Name					
SAN	Torelli, Robert			51 1 A 1	(D.O. D b)	:- N-+ A	ahla\		
2720	) NE 8TH AVE.,#4		82	Street Add	dress (P.O. Box Number	is Not Accepta	able)		
WILT	ON MANORS FL 33334		83						
							<u> </u>	<del></del>	
			84	City			FL	85   Zip C	Code
44 Durewant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the above	-named cor	rporation submits this sta	tement for the	nurnose of	changing its	registered
II. Fuisuant	to the provisions of occitors out too	of the ide Could be a second	hadrad by		C. I. I. C. C. C. Asses	Lhereby acces	ot the appoi	ntment as rec	ristered
office or re	egistered agent, or both, in the State	or Florida. Such change was aut	nonzed by	tne corporat	tion's board of directors.	1 110100) 4000	P. C. O OPPT.	illinoiii do rog	' !
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.	tne corporat	tion's board of directors.	Thoroby dood	prime appe		<b>^</b>
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.	tne corporat			DATE		
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F	da Statutes. Registered Agen	tne corporat	ired when reinstating)	<u> </u>	DATE		
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Florid	da Statutes.	tne corporat		<u> </u>	DATE		
agent. I and SIGNATURE  12.  TITLE	m familiar with, and accept the obliging signature, typed or printed name of registered age OFFICERS A	ations of, Section 607,0505, Florid ent and little if applicable. (NOTE: F ND DIRECTORS	da Statutes. Registered Agent	tne corporat	ired when reinstating)	<u> </u>	DATE	ID DIRECTO	RS IN 12
agent. I at SIGNATURE  12. TITLE NAME	m familiar with, and accept the oblig- Signature, typed or printed name of registered age OFFICERS A  D SANTORELLI, ROBERT	ations of, Section 607,0505, Florid ent and little if applicable. (NOTE: F ND DIRECTORS	Registered Agent  13.  1.1 TITLE  1.2 NAME	t signature requi	ired when reinstating)	<u> </u>	DATE	ID DIRECTO	RS IN 12
agent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607,0505, Florid ent and little if applicable. (NOTE: F ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature requir	ired when reinstating)	<u> </u>	DATE	ID DIRECTO	RS IN 12
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the oblig- Signature, typed or printed name of registered age OFFICERS A  D SANTORELLI, ROBERT	ations of, Section 607,0505, Florid ent and little if applicable. (NOTE: F ND DIRECTORS	Registered Agent  13.  1.1 TITLE  1.2 NAME	t signature requir	ired when reinstating)	<u> </u>	DATE	ID DIRECTO	RS IN 12
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607,0505, Florid ent and title if applicable. (NOTE: F ND DIRECTORS DELETE	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature requir	ired when reinstating)	<u> </u>	DATE	ID DIRECTO	RS IN 12
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607,0505, Florid ent and title if applicable. (NOTE: F ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature required ADDRESS	ired when reinstating)	<u> </u>	DATE	ID DIRECTO	RS IN 12
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607,0505, Florid ent and title if applicable. (NOTE: F ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS	ired when reinstating)	<u> </u>	DATE	ID DIRECTO	RS IN 12
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607,0505, Florid ent and title if applicable. (NOTE: F ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO	RS IN 12
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS ADDRESS	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12  Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12 Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12  Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP CITY- ST-ZIP CITY- ST-ZIP	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12  Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12 Addition Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12 Addition Addition
AGENT. I AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12 Addition Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change	RS IN 12 Addition Addition
AGENT. I AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENT. I AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE FICERS AN	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENT. I AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE FICERS AN	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENT. I AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE FICERS AN	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENT. I AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obliging signature, typed or printed name of registered ageofficers All D. SANTORELLI, ROBERT 2720 NE 8TH AVE.,#4	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE FICERS AN	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
AGENT. I AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obliging signature, typed or printed name of registered agreements of the same of	ations of, Section 607.0505, Florident and title if applicable. (NOTE: FIND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ired when reinstating)	NGES TO OF	DATE FICERS AN	DDIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE: