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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000096945

1. Corporation Name

ALBUQUERQUE SIGNS ESCROW, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90133 028 ***150.00



Principal Place	of Business	Mailing Address			1 (88)(88) (18)(8) (8) (8) (8) (8)			
2201 CANTU COURT #102A 2201 CANTU COURT #102A								
SARASOTA FL 34232 SARASOTA FL 34232					DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 11/17/1998			
Principal Place of Business 2a. Mailing Address					4. FEI Number	TA	pplied For	
——————————————————————————————————————					65-0876633	 	ot Applicable	
21 26						\$8.75	Additional	
22 27			<u></u>		5. Certifcate of Status Desired	Fee Required		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip	Zip Country Zip Cou			,	This corporation owes the current year In		.=	
24	25	29 30	0		Personal Property Tax.	Yes	X □No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
			81	Name			}	
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	Street	Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525			83			-		
			84	City		85 Zip	Code	
					FL			
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					required when reinstating) DATE			
<u> </u>	Signature, typed or printed name of registered agent	<u></u>	egistered Age	nt signature i	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
12.	PSD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONO/GIBRAGES TO GIVE SELECTION	Change		
TITLE					1		,	
Toolic Discourse and The Control of			1.2 NAME		j		}	
STREET ADDRESS	STREET ADDITIONS TO THE TOTAL OF THE TOTAL O			T ADDRESS			i	
CITY-ST-ZIP	SARASOTA FL 34240		1.4 CITY-S	IT-ZIP		Change	Addition	
TITLE	V	☐ DELETE	2.1 TITLE		Vice President	A onlange	ا	
NAME	HOETGER, JAMES	11. #F	2.2 NAME		James A. Hoetger		}	
STREET ADDRESS	7491 ALBERT TILLINGHAFT DR	ıVE	2.3 STREE	TADORESS	2201 Canta Court, Bares 10.	.A		
CITY-ST-ZIP	SARASOTA FL 34240		2. 4 CITY-	ST-ZIP	Sarasota, Florida 34232-625	Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			□ cuaréa		
NAME	1		3.2 NAME		`		. {	
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE		*	☐ Change	☐ Addition	
NAME			4. 2 NAME				į	
STREET ADDRESS			4.3 STREE	TADDRESS			-	
CITY-ST-ZIP			4.4 CITY-5	T-ZIP				
TITLE			5.1 TTLE			Change	☐ Addition	
NAME (5.2 NAME				1	
STREET ADDRESS			5.3 STREE	TADORESS	8		ĺ	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				,	
STREET ADDRESS			6.3 STREE	TADDRESS)	

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:

377-6710