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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000104072

1. Corporation Name
ON LINE SIGNS INCORPORATED

Principal Place of Business 13176 N. DALE MABRY HWY., SUITE 121 TAMPA FL 33618	Mailing Address 13176 N. DALE MABRY HWY., SUITE 121 TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13176 N DALE MABRY HWY Suite, Apt. #, etc. 22 SUITE 121 City & State 23 TAMPA Zip 24 33618 Country 25 USA		2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 12/14/1998		4. FEI Number 650875642 Applied For Not Applicable	
9. Name and Address of Current Registered Agent MONTANA, JOHN 13176 N. DALE MABRY HWY., SUITE 121 TAMPA FL 33618				10. Name and Address of New Registered Agent 81 Name JOSE LUIS LOPEZ 82 Street Address (P.O. Box Number is Not Acceptable) 13176 N. DALE MABRY HWY 83 SUITE 121 84 City TAMPA FL 85 Zip Code 33618			

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED		1.1 TITLE	PRESIDENT	Change	Addition
NAME	MONTANA, JOHN			1.2 NAME	JOSE LUIS LOPEZ		
STREET ADDRESS	13176 N. DALE MABRY HWY., SUITE 121			1.3 STREET ADDRESS	13176 N. DALE MABRY HWY STE 121		
CITY-ST-ZIP	TAMPA FL 33618			1.4 CITY-ST-ZIP	TAMPA FL 33618		
TITLE	D	DELETED		2.1 TITLE		Change	Addition
NAME	RODRIGUEZ, LAURA			2.2 NAME			
STREET ADDRESS	13176 N. DALE MABRY HWY., SUITE 121			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			2.4 CITY-ST-ZIP			
TITLE		DELETED		3.1 TITLE		Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETED		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETED		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETED		6.1 TITLE		Change	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

3/6/99 **(813) 922-0003**

CR2E034 (11/98)