

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1995 AUG -2 AM 9:18

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TALLAHASSEE, FLORIDA

DOCUMENT # **S14042** (3)

1. Corporation Name

**SIGN ME UP, INC.**

Principal Place of Business

**210 NE 13 ST  
POMPANO BEACH FL 33061**

Mailing Address

**210 NE 13 ST  
POMPANO BEACH FL 33061**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/21/1990**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**NOT APPLICABLE**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SANTORELLI, ROBERT  
2720 NE 8TH AVE #7  
WILTON MANORS FL 33334**

10. Name and Address of New Registered Agent

81 Name

**WHITFIELD DOUG**

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

**210 NE 13 ST**

83

84 City

**POMPANO BEACH**

**FL**

85 Zip Code  
**33060**

11. Pursuant to the provisions of Sections 607.0505 and 607.1506, 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

Signature (Typed or printed name of registered agent and the corporation)

(Not for Registered Agent signature required when new filing)

DATE

**7/27/95**

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP  
WHITFIELD, DOUG  
210 NE 13 ST  
POMPANO BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D  
SANTORELLI, ROBERT  
2720 NE 8TH AVE.  
WILTON MANORS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

**7/12/95**

**SOS-RN-0934**

Typed Name