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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # \$35535

(1)

1. Corporation Name

CAPE CORAL SIGNS AND DESIGNS, INC.

Principal Place of Business 6238 PRESIDENTIAL CRT STE 6 FT MYERS FL 33919 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Ctty & State 23		Mailing Address DBA FLORIDA JOURNAL 6239-6 PRESIDENTIAL CRT FT MYERS FL 33919 US 2a. Mailing Address 26 Suite. Apt. #. etc. 27 City & State 28				3. Date incorporated or Qualified 03/01/1991 06/26/1995 4. FET Number 65-0247273 Applied For Not Applied For Not Applied For Particular of Status Desired See Required 5. Certificate of Status Desired See Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	Zφ	— —–	untry		8. This corporation has liability for			
24	25	29	30	т			□ No	•	
<u> </u>	Name and Address of Current Registered Agent					10. Name and Address of New F	iegistered	Agent	
BEHR. MANFRED					Name				
6238-6 PRESIDENTIAL CT				82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	ERS FL 33919		83						
/ · · · · · · · · · · · · · · · · · · ·	210 12 000 10			03					
				84	City		Fi	85 Zu	p Code
familiar wit	h, and accept the obligations of, Sections Specific types of protections of strengths of agents	on 607.0505, Florida Statute	iS iÖR R <u>a</u> y sek	1 Age		rd of directors. I hereby accept the app	DĀIF		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
NAME	BEHR, MANFRED			1 1 TOTLE 12 NAME				☐ Change	Addition
STREET ADDRESS	6238-6 PRESIDENTIAL CT				*B05/06				
CITY-ST-ZIP	FT MYERS FL			STEEL STEEL	ADDRESS 1. 719				
TIT.E	vs	☐ DÉLETE		att s Tifle	1 - 2/1			Change	Addition
NAME	BEHR, NICOLA		221	IAME			,		
STREET ADDRESS	6238-6 PRESIDENTIAL CT		233	PREET	ADDRESS				Ì
CITY - ST- ZIP	FT MYERS FL		240	DIY-S	[- 2 IP				j
TITLE	DCAID MICOLA	☐ DELFTE	3 1	DII: F				Change	Addition
NAME	BEHR, NICOLA		321	3.2 NAME					
STREET ADDRESS	6238-6 PRESIDENTIAL CT FT MYERS FL		33.5		223RGCA				
CITY-ST-ZIP	3-5			I CHTY - ST - ZIP					
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NAME				i-Mt					1
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TITLE		DEL ETE	5.1					Change	Addition
NAME			521	MAL					i

14. Lob hereby certify that the information supplied with the ring is your anily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes I further certify that the information indicated on this annual proof of supplied intellectional 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 corpor ion of the proof of the p

5.3 STHEET ADDRESS

6.3 STREET AUDRESS

5.4 CITY - ST - 7IP

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

CR2E034 (

Change

Addition