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 # S35535

CAPE CORAL SIGNS AND DESIGNS, INC.

| Principal Place | of Business | Mailing Address | | | | |
|---|--|-----------------------------|-------------------|---------|------------|--|
| 6249 PRESIDEN | TIAL COURT | 6249 PRESIDENTIAL COURT | | | | |
| STE A | | STE A | | | | DO NOT WRITE IN THIS SPACE |
| FT MYERS FL 3 | 33919 | | FT MYERS FL 33919 | | | |
| US | | | | | | 3. Date Incorporated or Qualifed |
| | | <u> </u> | | | | 03/01/1991 4. FEI Number Applied For |
| | ace of Business | 2a. Mailing Address | | | | |
| 21 | | 26 | | | | 65-0247273 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired |
| 22 | | 27 | | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | Zip Country | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | | untry | | 8. This corporation owes the current year Intangible Personal Property Tax Ves No |
| 24 | 25 | | 30 | _ | | T district Topolog Valle |
| - | 9. Name and Address of Current | Registered Agent | | 04 | N 1 | 10. Name and Address of New Registered Agent |
| DELE | O MANIERED | | | 81 | Name | |
| | R, MANFRED | | 82 Stre | | Street | t Address (P.O. Box Number is Not Acceptable) |
| l | PRESIDENTIAL COURT | | | | | |
| FT M | IYERS FL 33919 | | | 83 | | |
| | | | | 84 | City | 85 Zip Code |
| | | | | 04 | City | FL S Z D C |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Sta | tutes, the | above | -named | d 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS ANI | | 13 | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 3 | ITLE | | ☐ Change ☐ Addition |
| NAME : | BEHR, MANFRED | | 1.21 | NAME | | |
| STREET ADDRESS | 6249 PRESIDENTIAL COURT | • | | | ADDRESS | s |
| | FT MYERS FL | | | CITY-S1 | | |
| CITY-ST-ZIP | VS VS | ☐ DELETE | | TITLE | | ☐ Change ☐ Addition |
| | | <u></u> | | NAME | | |
| NAME | BEHR, NICOLA | | | | LDDDECC | |
| STREET ADDRESS | 6249 PRESIDENTIAL COURT | | 1 | | ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | □ DELETE | | CITY-S | 1-ZIP | Change Addition |
| TITLE " | 1, 1, 1 | | | IMLE | | |
| NAME | BEHR, NICOLA | | | VAME | | |
| STREET ADDRESS | 6249 PRESIDENTIAL COURT | | | | ADDRESS | 5 |
| CiTY-ST-ZIP | FT MYERS FL | | | CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 4.1 7 | MLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 | NAME | | |
| STREET ADDRESS | | | 4.3 9 | STREET | ADDRESS | s |
| CITY-ST-ZIP | | | 4.4 (| CITY-ST | r-ZIP | |
| TITLE | | ☐ DELETE | 5.1 | TITLE | | , ☐ Change ☐ Addition |
| NAME | | _ | 5.21 | MAME | | |
| STREET ADDRESS | | | 5.3 5 | STREET | ADORESS | s |
| CITY-ST-ZIP | | | 5.4 (| CITY-S1 | r-zip | |
| TITLE | | ☐ DELETE | 6.11 | TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.21 | NAME | | |
| } | | | | | ADDRESS | s . |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 6.4 (| CNY-\$1 | 1-636 | |

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 of 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 apachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CERRUPT SIGNING OFFICER OR DIRECTOR

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90057 021 ***150.00