

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S39188** (5)

1. Corporation Name  
**THE SIGNATURE GROUP ADVERTISING, INC.**



Principal Place of Business  
**5057 PALMWAY NO.  
LAKE WORTH FL 33463**

Mailing Address  
**5057 PALMWAY NO.  
LAKE WORTH FL 33463**

NEW

2. Principal Place of Business  
21 **2525 OLD OKEECHOBEE RD**  
Suite, Apt. #, etc.  
22 **SUITE 14**  
City & State  
23 **WEST PALM BEACH FL**  
Zip  
24 **33409** Country  
25 **USA**  
2a. Mailing Address  
26 **2525 OLD OKEECHOBEE RD**  
Suite, Apt. #, etc.  
27 **SUITE 14**  
City & State  
28 **WEST PALM BEACH FL**  
Zip  
29 **33409** Country  
30 **USA**

3. Date Incorporated or Qualified **03/14/1991** 3a. Date of Last Report **08/07/1995**  
4. FEI Number **65-0257861** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLBATH, JEFFREY J.  
1655 PALM BCH. LAKES BLVD.  
S-1010  
WEST PALM BCH. FL**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>MARK COATS</b>	<b>5057 PALMWAY NORTH</b>	<b>LAKE WORTH FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**100001833831**  
**-05/22/96--01018--013**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-13-96** **407 688-0068**  
Date Daytime Phone #

CR2E034 (12/95)