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 # **\$87196**

1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90261 048 ***150.00

rbs de	SIGN, INC.				4 10041101 101 10111 10111 1011 1011 10	i Birkil Olok verok debil ol	8 14 8 18 11 18 81
Principal Plac	e of Business	Mailing Address			C	BIBN BIBN BIBN BIBN G	BIT 81831 (831
1510 VAN BUREN STREET 1510 VAN BUREN STREET							
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	THIS SPACE	
					10/15/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21 26					65-0293781		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22 27					Fee Rec		
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	May Be
23 Zin	Zip Country Zip		Count	rv	8. This corporation owes the current ye		7 7 663
24	Zip Country Zip 29 30		_	,	Personal Property Tax.	Yes (IZNo I
	9. Name and Address of Current				10. Name and Address of New Regis	tered Agent	
0114	_		8	1 Name			
SHATTENKIRK, RANDY B 1510 VAN BUREN STREET			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020			8	3	•		
	• •		8	4 City		85 Zip C	ode
				1		FL T	ĺ
office or t	radictored agent of both in the State (of Florida. Such change was all	thonzen n	vine comor	orporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its rappointment as reg	registered pistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flore	da Statute	95.			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Ag	jent signature req	uired when reinstating) D	ATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	SHATTENKIRK, RANDY B		1.2 NAME	•			
STREET ADDRESS		,	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020	(-) per ere	1.4 CITY			Change	Addition
TITLE .	VS -	☐ DELETE	2.1 TITLE			[_] Criange	
NAME	SHATTENKIRK, ADAM T		2.2 NAMI	i			
STREET ADDRESS	1510 VAN BUREN STREET HOLLYWOOD FL 33020			ET ADORESS		_	,
CITY-ST-ZIP		DELETE.	2.4 CITY	-ST-ZIP -		☐ Change	Addition
NAME	· · ·	<u> </u>	3.2 NAMI			- -	j
STREET ADDRESS	²u			ET ADDRESS		•	
CITY-ST-ZIP	`		3.4. CITY				
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NAME			4.2 NAM	E.			
STREET ADDRESS			4.3 STREET ADDR				}
CITY-\$T-ZIP			4.4 CITY	-ST-ZIP			
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NAME			52 NAMI				1
STREET ADDRESS	5		1	ET ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY				□ A→3:4:
TITLE	·	☐ DELETE	6.1 TITLE	- 1		Change	☐ Addition
NAME	·		6.2 NAM	•			ļ
STREET ADDRESS	The third of the			ET ADDRESS			
CITY-ST-Z/P	1		6.4 CITY	-Sf-ZIP			1

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: