	· · · · · · · · ·	LING FEE A	FTER MAY 1	IS \$22	25.00						
COR	Profit Poration Jal Report		μi	dra B. Mortha	เก้า						
	1996		/	retary of Stat							
		\/1701/	(7)								
1. Corporation	MENT #	V17814	(7)								
SG DE	signs, inc						1 10011 01001 11011 10001 10001 10001 1000		ats bible asoc	ALALI BIBH LOGI	
Principal Place 6368 NW 23R			Mailing Address								1
BOCA RATON			6368 NW 23RD WAY BOCA RATON FL 3								
							 Date Incorporated or Qualified 02/27/1992 		te of Last R)4/20/199	•	
2. Principal Pla	ace of Business		2a. Mailing Address				4. FEI Number			Applied For	
21 Suite, Apt. 4	#, etc.		26 Suite, Apt. #, etc.				65-0319557 5. Certificate of Status Desired			Not Applicable Additional	<u>)</u>
22 City & State			27 City & State	<u> </u>			6. Election Campaign Financing	Ŕ		Required	_
23			28				Trust Fund Contribution		Adde	O May Be d to Fees	
Zip 24	25	ountry	Zip 29	30 Cou	intry		8. This corporation has liability for i Florida Statutes	•	tax under s	199.032,	
···· I ··· • ··· ··· ···	9, Name and /	ddress of Current R	egistered Agent		61 Name	~	10. Name and Address of New R	egistere	d Agent		
GREENH	iut, steven e.						s (P.O. Box Number is Not Acceptab	(e)			_
6368 NW	23RD WAY				83						_
BUUA K	ATON FL 33496				B4 City			·	85 Z	o Code	
11. Pursuant t	o the provisions of	Sections 607 0502 an	1.607 1508 Elorida Sta	tutes the abr		ornorati	on submits this statement for the pur	F		·	
or register	ed agent, or both,	in the State of Florida, I	Such change was autho 607.0505, Florida Statu	prized by the (corporation's	board (of directors. I hereby accept the appo	poso or o pintment a	is registered	l agent. I am	~
SIGNATURE _	Signature, typed or printe	name of registered agent and	itre if applicable	(NOTE Registered	Agent signature	required wit	ien reinstating)	DATE			
12. TITLE	P	OFFICERS AND D	RECTORS	13.	13 . 1 1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AN	ID DIRECTC	RS IN 12	12/9
NAME	GRENHUT, S	grenhut, steven e			1 2 NAME						(12/95)
STREET ADORESS CITY+ST-ZIP	6368 N.W. 23 BOCA RATO				TREET ADDRESS						2E0
TITLE	ST		DELETE	2 11	······	57			Change	Addition	-۲۵
NAME STREET ADDRESS	GUODMAN 30905 STRAT		·	2 2 N 2 3 S	AME TREET ADDRESS	Gee	entit Gloria				
CITY-ST-ZIP	SOLON OH			240	ITY-ST-ZIP	68	12 N.W.23 WAZ		—	<u> </u>	
TITLE MAME			DELETE	3 1 T 3 2 N					🔲 Change	Addition	
STREET ADDRESS					TREET ADDRESS						
CHTY-ST-7HP THILE			DELETE	<u> </u>	ITY-ST-ZIP ITLE	<u> </u>		· · · · · · · ·	Change	Addition	-
NAME STREET ADDRESS				4.2 N	ame Treet address						
CITY-ST-ZIP					ITY-ST-ZIP						
title Name				5.1 T 5 2 N					🔲 Change	Addition	
STREET ADDRESS					TREET ADDRESS						
CITY - ST - ZIP TITLE	·····		DELETE	5.4 C	ITY-ST-ZIP				Change	Addition	-
NAME				6.2 N	AME						
STREET ADDRESS					TREET ADDRESS						
14. I do hereb;	y certify that the ini the information ing	icated on this annual r	aport or surplemental a	urnished and annual report i	does not qu is true and a	ccurate	he exemption stated in Section 119. and that my signature shall have the	same leg	al effect as it	made under	
oath; that I	am an officer or d Block 12 or Block	irector of the corporation	h or the roceiver or tru h attach ient with an a	stee empowe	red to execu	te this re	eport as required by Chapter 607, Fic	orida Stati	ites; and the	at my name	
SIGNAT				STEU	2H Ga	. 80 h	hud 1-30-96	40	79943		
		ALAR THE TRED OF PR	NTED NAME OF BIGNING OF	FICER OR DIREC	TOPI		Date		Deytime Phone		