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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V19507

RON THE SIGN MAN, INC.

Principal Place of Business 10012 Navarre Parkway Mailing Address 10012 Navarre Parkway

FILED Apr 14 1998 8:00am Secretary of State



NAVARRE FL 32566-1209 NAVARRE FL 32566-1209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3116390 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 8. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country Zip Country 6. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name YRIGOYEN, RONALD LEE 10012 Navarre Parkway Street Address (P.O. Box Number is Not Acceptable) **NAVARRE FL 32566** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELCTE 1.1 TITLE TITLE YRIGOYEN, RONALD LEE 1.2 NAME NAME 10012 Navarre Parkway 1.3 STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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 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 attachment with an address.

SIGNATURE:

RONATURE

RONATURE