PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

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SIGNATURE EVENTS, INC.

FILED

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Frincipal Prace of Business Mailing Address				I INDIA DEIDIN BUILD LIBIN IN	An titl dinte midte billin Arber midir demit ider	
ALTAMONT	EW STREET E SPRINGS FL 32701	ALTAMONTE SPRING	416 PINEVIEW STREET ALTAMONTE SPRINGS FL 32701			
US		US			3. Date incorporated or Qualified 08/26/1992	3a. Date of Last Report 05/01/1995
2. Principa Pl	nce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3138663 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	÷1		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State 28	8		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Ζφ	Country	7φ	Country		8. This corporation has liability for i	
[24]	[25]	29	30			No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New R	edierated when
			81			
FETTE, MIKE 416 PINEVIEW STREET			82	Street Addre	ess (P.Ö. Box Number is Not Acceptab	le)
ALTAN	IONTE SPRINGS FL 32701		83			-
			84	City		FL 85 Zip Code
l or register	rea agent, or bolls, in the State of Flore th, and accept the obligations of, Sec	ida. Such change was authori tion 607.0505, Florida Statute	zed by the corp	oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
12.	Signature, typical or private name of registered eyen OFFICERS AN	ID DIRECTORS	13.	a eig seione racios es	ADDITIONS/CHANGES TO OFF	
I TITLE .	PD	DELETE	1 1 TITLE	3		Change Addition
NAME	FETTE, MIKE		12 NAME	12 NAME		
STREET ADDRESS 416 PINEVIEW STREET			1 3 STREET ADDRESS			
0117-51-24	ALTAMONTE SPRINGS FL	_	1.4 CITY - S	7-ZIP		
BILE	VPST DELETE		2 1 TITLE	1 TITLE Change Addition		
NAME	FETTE, TRISH		2.2 NAME		Lamour	
\$186 d ADDRESS	416 PINEVEIW ST		2.3 STREET	ADORESS	ACI IIO VI	_
CHY SI-DE	ALTAMONTE SPRINGS FL		2.4 CITY-S			(
T: ft f	HERB Felle	DELETE	3. 1 TITLE	V	ce-President Sec	Change X Addition
NAM!	419 Pinevier	15-	3.2 NAME		SOUTH STATES	SNOROBANHEES 2001
STREET ADDRESS			3.3 STREE			
011Y-\$1-74	Alternoste Sp	DELETE	3.4 CITY-S 4. 1 TITLE	II-ZIP		☐ Change ☐ Addition
1 lif	' ·	, Libertie	4.2 NAME			
NAME STREET ADORESS			4.3 STREET	Annerss	mu	J ? ? .
C0.4 - \$1 - \$1-			4.4 City - S	1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	S 10-96 □ Change □ Addition
THE		[] DELFTE	5. 1 TITLE			Change Addition
NAME_			5.2 NAME		::: ::::::::::::::::::::::::::::::::::	□ Change □ Addition 796 - 01219 - 019
S1 T ADDRESS			5.3 STREET	ADDRESS		
SHY-SI-7P			5.4 CITY-5	1	***中22	
Tifu•		DELETE	6. 1 TITLE			Change Addition
NAMI			6.2 NAME			4

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 certify 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 telegraph, or on an attachment with an address.

6.3 STREET ADDRESS

STHEEL ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR