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Jan 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000027757 (9)

1. Corporation Name
SIGMA FINANCIAL CAPITAL II, INC.



Principal Place of Business: 13149 SPRING HILL DR, SPRING HILL FL 34809
Mailing Address: 13149 SPRING HILL DR, SPRING HILL FL 34809-5016

3. Date Incorporated or Qualified: 03/29/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5314 Spring Hill Dr	26 5063 Cumberland Lw	59-3380174	Not Applicable
22 Suite, Apt #, etc	27 Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Spring Hill, FL	28 Spring Hill, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34606	29 34607	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25 USA	30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name: Jerome S. Rydell President 82 Street Address (P.O. Box Number is Not Acceptable): 5063 Cumberland Lw 83 84 City: Spring Hill FL 85 Zip Code: 34607

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* President DATE: 1-2-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	PTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDELL, JEROME S	1.2 NAME	Jerome S. Rydell
STREET ADDRESS	13149 SPRING HILL DR	1.3 STREET ADDRESS	5314 Spring Hill Drive
CITY-ST-ZIP	SPRING HILL FL 34609	1.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	1 <input type="checkbox"/> DELETE	2.1 TITLE	Donna Eliso <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Eliso	2.2 NAME	Donna Eliso
STREET ADDRESS	5314 Spring Hill Dr	2.3 STREET ADDRESS	5314 Spring Hill Drive
CITY-ST-ZIP	Spring Hill FL 34606	2.4 CITY-ST-ZIP	Spring Hill FL 34606
TITLE	2 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	3 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	4 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	5 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *[Signature]* IN OFFICE DATE: 1-2-97 Daytime Phone: 352-666-7008

CR2E034 (9/96)