## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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## DOCUMENT # P96000027757 (9)

SIGMA FINANCIAL CAPITAL II, INC.

Principal Place of Business 13149 SPRING HILL OR SPRING HILL FL 34609	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 Hul Dr		berland LN	59-3380174	Not Applicable		
Suite, Apt #, etc *	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22	City & State			Fee Required		
City & State		, E1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
23 Spring Hul, Flo	28 Sprus Hil	Country		Added to Fees		
24 34 60 6 25 US M	29 34607 3	OUS A	Florida Statutes	or intangible tax under s. 199.032,		
9. Name and Address of Curre		,	10. Name and Address of New I			
CT CORPORATION SYSTEM	(** / / / · / / / / / / / / / / / / / / /	81 Name -	70	1 11 Daniela d		
1200 S. PINE ISLAND ROAD		82 Street Addr	ess (P.O. Box Number is Not Accept	adell President		
PLANTATION FL 33324		50	63 Cumberland	<u> </u>		
		83				
		84 City		85 Zip Code		
	1	1708	na Hui	FL ITIQUEAD		
11. Pursuant to the provisions of Sections 603 05 office or registered agent, or both, in the Standard Lam Javillar with, and accept the	M2 and 607 1508, Florida Statutes	s, the above-named corp	poration submits this statement for the	purpose of changing its registered		
agent. I am familiar with, and a cont the	igation 607.0505. Flori	ida Statutes.	ion's board of onectors. Thereby doc	_		
SIGNATURE	100 Presid	ent		1-2-97		
	igent and the it applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13.		TICERS AND DIRECTORS IN 12		
TITLE D OFFICE S A	DELETE		TO	Change Addition		
NAME RYDELL, JEROME S	par occur	I	feromes Ryd			
STREET ADDRESS 13149 SPRING HILL DR		·····	314 5 Donal Hill 1	riva		
CODING LILL EL MEGO		1 6	Sit a brook in the	34606		
TIPLE STATE	☐ DELETE	1.4 CITY - ST - ZIP	build prod ' Er	Change Addition		
NAME DESIGN SILLO		2.2 NAME	ana Elliso D.			
STREET ADDRESS SSIV SUCLOG HICK	-Dr	2.3 STREET ADDRESS		LVe		
CITY-ST-ZIP 3	34606	2.4 CITY-ST-ZIP	TING KILL ET	24641		
Title	Decete	3.1 TITLE	ring was the	Change Addition		
NAME		3.2 NAME				
STREET ADDRESS		3 3 STREET ADDRESS				
CITY-SF-ZIP		34 CHY-ST-ZIP				
TITLE	☐ DELETE	41 TITLE		Change Addition		
NAME	_	4 2 NAME				
STREET ADDRESS		4 3 STREET ADDRESS				
CITY-S1-ZIP		4.4 CITY-ST-ZIP				
TIFLE	DELETE	5 1 TITLE		Change Addition		
NAME	-	5 2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY - ST - ZIP				
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME		6 2 NAME				

6.3 STREET ADDRESS 64 City-SI-ZiP

14. Los 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 purporation of 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 charged in an alterating with an address. **SIGNATURE:** 

NAME

STREET ADDRESS

1-2-97 Date

**FILED** 

Jan 09 1997 8:00am

Secretary of State