

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

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98 JUN 11 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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: 5314 SPRING HILL DRIVE, SPRING HILL FL 34606, US

Mailing Address: 5063 CUMBERLAND LN, SPRING HILL FL 34607, US

48-AR/US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5312 Spring Hill Drive
22 Spring Hill FL
23 34606 USA

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified: 03/29/1996

4. FEI Number: 59-3380174

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RYDELL, JEROME S
5063 CUMBERLAND LN
SPRING HILL FL 34607

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200002560792-8
-06/16/98-01061--017
84 City: ****158.75 FL

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, 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: *[Signature]* DATE: 1/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDELL, JEROME S	1.2 NAME	
STREET ADDRESS	5314 SPRING HILL DRIVE	1.3 STREET ADDRESS	5312 Spring Hill Dr
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, DONNA	2.2 NAME	
STREET ADDRESS	5314 SPRING HILL DRIVE	2.3 STREET ADDRESS	5312 Spring Hill Dr
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE		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		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		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		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 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, or on an attachment with an address.

CR2E034 (10/97)