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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000076370 (0)

SIGERTRONIC SYSTEMS CORPORATION

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										-\	HANAH DAROLUK OLUMAN DAHAN	i nami i amit ihūt
7400 STIRUI HOLLYWOOD	NG ROAD #1 D FL 33024		7400 STIRLING ROAD #1123 HOLLYWOOD FL 33024					DO NOT WRITE IN	THIS SPACE			
										3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address										09/02/1997 4. FEI Number		Applied For
212450			D BLUD.	26 2450 HULLYWOOD BLVD				٥,	Λλ	65-0179429	—	Applied For Not Applicable
Suite, Apt.		מלוענו	N 136 VV.	Suite, Apt. #, etc.				<u> </u>	<u> </u>		60 7	5 Additional
22 40	6			27 406						6. Certificate of Status Desired		Required
City & Stat	te	City & State						6. Election Campaign Financing	\$5.0	May Be		
23 HOLLYWOOD, FL			FL	28 HOLLYWOOD, FI						Trust Fund Contribution	Adde	d to Fees
· · · · ·	Zip		intry		Zip		Country			8. This corporation owes or has paid t		
24 3302			Accepted Courses		33020	30	<u> Y</u>	.S.A		Personal Property Tax due June 30		No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FLORING INCORPORATORS INC. 81 Name												
1991 DOMEN AVENUE												
	JITE 900		HOL					2 Stree	et Address (P.O. Box Number is Not Acceptable)			
•	IAMI FL 331	131					8	3				
ļ					Ļ				T=T			
ĺ							84	4 City			FL 85 Zi	p 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 Stato 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	6				410	te e					DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registe 12. OFFICERS AND DIRECTORS 13								Geist signati	ite tednier	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	D				DELETE		1 TITLE		TPIT	TIST M	Chang	
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NAME STREET ADDRESS						•	NAME		1			ļ
CITY-ST-ZIP								et address St-Zip				Į
	certify that th	e inform	supplied with	h this filin	g does not qualify t				ted in S	Section 119.07(3)(i), Florida Statutes. I furt	her certify that t	he information

Supplied with this line does no dealing to the exemption stated in section in section from stated states. Horizon certain that I am an on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an address.

ROBERT*

ROBERT*

ROBERT

**ROBE