

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 384236 (6)
1. Corporation Name
SIGMA HOMES, INC.

Principal Place of Business 7138 AYRSHIRE LANE BOCA RATON FL 33496	Mailing Address 7138 AYRSHIRE LANE BOCA RATON FL 33496
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1971	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 59-1407431	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. 9. Name and Address of Current Registered Agent		29. 10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ROSEN, ARNOLD L 7138 AYRSHIRE LANE BOCA RATON FL 33496				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE
CITY - ST - ZIP	1.4 CITY - ST - ZIP	2.2 NAME	2.3 STREET ADDRESS
	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME
	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE
	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME
	6.3 STREET ADDRESS	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 appointment with an address.

SIGNATURE:  3/2/98 59-1407431

CR2E034 (10/97)