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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

690413

(0)

SIGGUN, INC.

Principal	Place	of	Business
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Mailing Address

% 1716 SOUTH LAKESIDE COURT VENICE FL 34290

% 1716 SOUTH LAKESIDE COURT VENICE FL 34293



							3. Date Incorporated or Qualified	3a. Da	te of Las	t Report
2 Original Di	nos el El chene	1					06/16/1981	ļ	.05/01	/1995
21	ace of Business	<u>-</u>	, Malling Address				4. FEI Number			Applied For
Suite, Apt.	H ato	26	Dule to the				59-2142367			Not Applicable
22	74. E. ala	27	Sulte, Apt. #, etc.			······································	5. Certificate of Status Desired			75 Additional see Required
City & State	•	[City & State				6. Election Campaign Financing	r	\$5	.00 May Be
23 Z(p)	Country	28	72	T			Trust Fund Contribution		Ad	lded to Fees
24	25	29	Zip	Count	ιy		8. This corporation has liability for in		ax unde	rs 199.032,
[24]	9, Name and Address of Curre		lored Anoni	30			Florida Statutes Yes			
···	5, Italia Ella Madicas di Calia	iii riegia	reien Wault	8	1	Name	10. Name and Address of New Re	gistered	Agent	
l .				ľ	'	Name				
EVE, J	ir., arthur			8	2	Street Addre	ess (P.O. Box Number is Not Acceptable	9)		
	LAKESIDE DRIVE				_				w	
. VENIC	E FL 34293			8	3					
<u> </u>				8	ă	City			leel	7. 0. 2.
				i i	-	,		FL	- E - I	Zip Code
11. Pursuant to	o the provisions of Sections 607.050;	2 and 60	7.1508, Florida Statute	s, the above	na	amed corpora	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of ch	anging It	s registered office
familiar wit	h, air accept the obligations of: Sec	tion 607.	i change was authorize 0505, Storid a Statutes	a by the cor	ро	ration's board	d of directors. I hereby accept the appo	ntment as	s register	red ägent. I am
SIGNATURE	ISIA DAMA S	100	du.							
	Styrialiure, typod or privited rish o or registered agen	rand title li e	applicable (NOT	E. Rogistered Ag	 61.	signature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TOBS IN 12
TITLE	PTD		DELETE	1 1 TITLE	-				Chang	
NAME	GEBEL, GUNTHER			1.2 NAME				•		h !
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NAME				2.2 NAME				L		r [] Modifiali
STREET ADDRESS	GEBEL, SIGRID	_		23 STREE		innaree				
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NAME				3 2 NAME			#*		Unany	e [_] Addition
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City - St - ZiP										
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NAME			Find Secret			ļ		Ļ	Chang	e [] Addition
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CITY-ST-ZIF				4.3 STREE						
TITLE		····	[] DELETE	4.4 CITY	ST-	- ZIP				***************************************
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				5.2 NAME						
STREET ADDRESS				5.3 STREE						ļ
CITY-ST-ZIP			F) bries	5.4 CITY-5	<u>\$1.</u>	ZiP				
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NAME				6.2 NAME			-04/16/960113	101	9	
STREET ADDRESS				6.3 STREET	I AE	DORESS	***200.00		-	
CITY-ST-ZIP			A1-14-	6.4 CITY- S	ST-	ZIP				ļ
14. I do hereby	certify that the information supplied v	with this f	iling is voluntarily furnish	hed and doc	s r	not qualify for	the exemption stated in Section 119.07	(3)(k), Flo	rida Stat	utes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI

SIGRIO GERRA

Juni 12/4/6 3679