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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9200000274

1. Corporation Name

SIGAL CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address			
3299 K STREET, N.W. WASHINGTON DC 20007	3299 K STREET, N.W. WASHINGTON DC 20007			

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90044 011 ***150.00

Principal Place of Business Mailing Address						I 4801500 TITO TOTO TODIO DODIE ODIS OBILI ADVII	BENII SBILD HAN	1881 BIBL 1881	
3299 K STREET, N.W. 3299 K STREET, N.W. WASHINGTON DC 20007 WASHINGTON DC 20007									
					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed		
							10/30/1992		
2. Principal Pl	ace of Business	2a. Mai	ling Address				4. FEI Number	A	pplied For
21		26				,	52-1072370		lot Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				5. Certificate of Status Desired	• -	Additional Required
22		27	0.04-4-						
City & State	9	_ 	& State		-	٠	_6. Election Campaign Financing Trust Fund Contribution	•	May Be
23 Zip	Country	28 Zip		Countr			This corporation owes the current year in		10 1 000
24	25	29	3		,		Personal Property Tax.	Yes	□No _
24	9. Name and Address of Currer						10. Name and Address of New Registered	l Agent	
				81	Name				
	CORPORATION SYSTEM			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND RD.			Ĺ					
PLAN	ITATION FL 33324			83	3				
				84	City		F	85 Zip	Code
			FOO EL II- Barbara	455	<u> </u>			f changing it	rs registered
office or re	enistered agent, or both, in the State	of Florida, S	uch change was aut	nonzea by	/ the corp	oration	ation submits this statement for the purpose of submits this statement for the purpose of submits the appearance of the submits the submits at the submits the sub	ointment as r	egistered
agent. I ai	m familiar with, and accept the obliga	tions of, Sec	tion 607.0505, Florid	la Statute	S.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if appli	cable. (NOTE: R	legistered Age	ent signature	required w	when reinstating) DATE		
12.	OFFICERS AN			13.		•	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	DCS		DELETE	1.1 TITLE				☐ Change	Addition
NAME	SIGAL, GERALD R			1.2 NAME					ļ ·
STREET ADDRESS	3299 K STREET, N.W.			1.3 STREI	ET ADDRESS	:			1
CITY-ST-ZIP	WASHINGTON DC 20007			1.4 CITY-	ST-ZIP				- Addison
TITLE	P		☐ DELETE	2.1 TITLE				☐ Change	e ☐ Addition ☐
NAME	O'DAY, SEAN			2.2 NAME					
STREET ADDRESS	3299 K STREET, N.W.				ET ADDRESS	i			t
CITY- ST- ZIP	WASHINGTON DC		[] DELETE	2. 4 CITY-		-		Change	Addition
TITLE	TAS		☐ DELETE	3.1 TITLE				·	
NAME	DENNIS, CLARK E			3.2 NAME	ET ADDRESS	,			ļ
STREET ADORESS	3299 K STREET NW WASHINGTON DC			3.4. CITY-		ή			
CITY-ST-ZIP TITLE	WASHINGTON DC		DELETE	4.1 TITLE		t		☐ Change	Addition
NAME			_	4, 2 NAME					ĺ
STREET ADDRESS				4.3 STRE	ET ADORESS	;			
CITY-ST-ZIP				4.4 CITY-					
TITLE			☐ DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME			•		1
STREET ADDRESS				5.3 STRE	ET ADDRESS	i			1
CITY-ST-ZIP				5 4 CITY-					
TITLE			☐ DELETE	6.1 TITLE				Change	e Addition
NAME				6.2 NAME		1			
STREET ADDRESS					ET ADDRESS	3			
	1			64 CITY-	ST_78D	1			[

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, with all other like empowered.

SIGNATURE:

202 944-6600