

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002751 (5)

1. Corporation Name

THE SIGMA GROUP OF AMERICA, INC.



Principal Place of Business

191 POST RD.
WESTPORT CT 06880

Mailing Address

191 POST RD.
WESTPORT CT 06880

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P O Box 67

4. FEI Number

06-1356724

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22

27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

28

City & State

GROTON MA

24

25

Country

29

Zip

01450

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, H M JR
6580 SE HARBOR CIRCLE
STUART FL 34996

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 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, typed or printed name of registered agent and title if applicable

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D LINE, PENELOPE
STREET ADDRESS 17 EDGEWATER HILLSIDE
CITY- ST- ZIP WESTPORT CT

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME LIND, PENELOPE
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS WATSON, MITCHELL JR
CITY- ST- ZIP 6580 SE HARBOR CIRCLE
STUART FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS P O BOX 2409 Old Mine Road
2.4 CITY- ST- ZIP Cashiers NC 28717

TITLE ☐ DELETE
NAME VSTD
STREET ADDRESS LIND, DOUGLASS
CITY- ST- ZIP 17 EDGEWATER HILLSIDE
WESTPORT CT

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 both, in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)