

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90114 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002751

1. Corporation Name
THE SIGMA GROUP OF AMERICA, INC.



Principal Place of Business 191 POST RD. WESTPORT CT 06880	Mailing Address P.O. BOX 2530 JUPITER FL 33468-2530 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 MAIN STREET Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27
City & State 23 STONINGTON, CT Zip Country 24 06378 25 USA	City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified 05/25/1994	4. FEI Number 06-1356724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIND, PENELOPE	
STREET ADDRESS	17 EDGEWATER HILLSIDE	
CITY-ST-ZIP	WESTPORT CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATSON, MITCHELL JR	
STREET ADDRESS	P.O. BOX 2409 OLD MINE ROAD	
CITY-ST-ZIP	CASHIERS NC	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	LIND, DOUGLASS	
STREET ADDRESS	17 EDGEWATER HILLSIDE	
CITY-ST-ZIP	WESTPORT CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LIND, PENELOPE	
1.3 STREET ADDRESS	1 MAIN STREET	
1.4 CITY-ST-ZIP	STONINGTON, CT 06378	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WATSON, MITCHELL JR	
2.3 STREET ADDRESS	P.O. BOX 2409 TREASUREWOOD ROAD	
2.4 CITY-ST-ZIP	CASHIERS, NC 28717	
3.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LIND, DOUGLASS	
3.3 STREET ADDRESS	1 MAIN STREET	
3.4 CITY-ST-ZIP	STONINGTON, CT 06378	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 (changed or on an attachment with an address, with all other like empowered

SIGNATURE: *H. Mitchell Watson Jr.* Pres. 01-11-99 561-627-8523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)