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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1 MAIN STREET

Suite, Apt. #, etc.

22

City & State

23 STONINGTON, CT

Zip

24 06378

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME LIND, PENELOPE
STREET ADDRESS 17 EDGEWATER HILLSIDE
CITY-ST-ZIP WESTPORT CT

TITLE ☐ DELETE

PD
NAME WATSON, MITCHELL JR
STREET ADDRESS P.O. BOX 2409 OLD MINE ROAD
CITY-ST-ZIP CASHIERS NC

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
1.2 NAME LIND, PENELOPE
1.3 STREET ADDRESS 1 MAIN STREET
1.4 CITY-ST-ZIP STONINGTON, CT 06378

2.1 TITLE ☒ Change ☐ Addition

PD
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 ☒ Change ☐ Addition

VSTD
3.2 NAME LIND, DOUGLASS
3.3 STREET ADDRESS 1 MAIN STREET
3.4 CITY-ST-ZIP STONINGTON, CT 06378

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 (if changed) or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Mitchell Watson Jr.

Pres.

01-11-99

Date

561-627-8523

Daytime Phone #

CR2E034 (11/98)