PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000001371**1. Corporation Name

SIG LOGISTICS, INC.

FILED
Mar 05, 1999 8:00 am
Secretary of State
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										BAN as in as in a			\$) 8 88	
Principal Place	of Business	М	ailing Address											
1630 PRIME CT 1630 PRIME CT														
STE 100			STE 100					DO NOT WRITE IN THIS SPACE						
ORLANDO FL 32809 ORLANDO FL 32809								3. Date Incorporated or Qualifed						
US US								03/18/199)	
Drivering Di	and of Business	2a.	Mailing Address			-		4. FEI Number			Τ.	Appl	ied For	
- - -	ace of Business	26	. Mailing Address					36-40590			-	<u> </u>	Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				+				\$8.7		ditional	
			27					5Certifcate_of	Status Desired			e Req		
City & State			City & State					s Election Car	mnaign Financing	_	\$5	00 м	lav Re	
¬ '			28					6. Election Campaign Financing S 5.00 May Be Trust Fund Contribution Added to Fees						
Zip Country			Zip Countr				This corporation owes the current year Intangil			angible				
24	25 29			30	30			Personal Property Tax.						
9 Name and Address of Current							10. Name and Address of New Registered				Agent			
					81 Name									
SWANN & HADLEY, P.A.					Charact Addres			- /D O. Boy Num	nber is Not Accep	table)	•			
%JEFFREY P. MILHAUSEN, ESQ.				82 Street Addre			Address	s (P.O. BOX Null	iber is Not Accep	lable)				
1031	W. MORSE BLVD., STE.270				83				· · · · · · · · · · · · · · · · · · ·				•	
WINT	ER PARK FL 32789										11	7: 0:	-1-	
					84	City		,		FL	85	Zip Co	οαe	
44 Pursuant t	to the provisions of Sections 607.050	2 and 6	607,1508, Florida Statut	es, the a	bove	-named o	corpora	ation submits this	s statement for the	e purpose of	changin	g its re	egistered	
office or re	edistered agent, or both, in the State	of Flori	da. Such change was a	uthorized	i by i	the como	oration's	s board of direct	ors. I hereby acce	ept the appoir	ntment a	ıs regi	stered	
agent. i ar	n familiar with, and accept the obliga	ILIONS O	i, Section 607.0505, Fid	iida Siati	1105.									
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable (NOTE	: Registered	Agent	signature re	equired wh	nen reinstating)		DATE				
12.	OFFICERS AN			13.				ADDITIONS/	CHANGES TO O	FFICERS AN			S IN 12	
TITLE	DC		☐ DELETE	1.1 TI	ΊΕ						[<mark>x</mark>] Cha	nge	☐ Addition [
NAME	GOTCH, YOSHIO D			12 NA	ME		Got	oh, Yosh	io D.				ĺ	
STREET ADDRESS	COS IN THOUSANDALE AND			1.3 STREET ADDRESS										
CITY-ST-ZIP	ITASCA IL 60143		1.4 CITY-ST-ZIP											
TITLE	PD		☐ DELETE	2.1 TI	ΓLE						Cha	nge	☐ Addition	
NAME	HIYA, YASUO			2.2 NA	2.2 NAME									
STREET ADDRESS	1630 PRIME COURT SUITE 100				2.3 STREET ADDRESS								Ì	
CITY-ST-ZIP	ORLANDO FL 32809			2 4 C	2.4 CITY-ST-ZIP								- ··-]	
TITLE	VSD			3.1 TF							☐ Cha	nge	Addition	
NAME	NAKANISHI, HIROJI			3.2 NA	ME									
STREET ADDRESS	1630 PRIME COURT #100			3.3 ST	3.3 STREET ADDRESS									
CITY-ST-ZIP	ORLANDO FL 32809			3.4. C										
TITLE	V		X DELETE	4.1 TI							☐ Cha	inge	Addition	
NAME	REYNOLDS, DONALD			4. 2 N	AME	ļ								
STREET ADDRESS	1630 PRIME COURT #100		4.3 ST	4.3 STREET ADDRESS										
CITY-ST-ZIP	ORLANDO FL 32809			4,4 CI	TY- \$1	r-ZIP			_					
TITLE	D		Ă DELETE	5.1 TI			n				Cha	nge	Addition	
NAME	ISEKI, TADAO			5.2 N/	AME		Koy	oji Hase	gawa					
STREET ADDRESS	1630 PRIME COURT #100			5.3 \$1	REET	ADDRESS			Court, #10	00				
CITY-ST-ZIP	ORLANDO FL 32809			5.4 CI	TY-SI	r-ZIP	0r1	ando, Fl	32809					
TITLE	D		☐ DELETE	6.1 TI	TLE						Cha	inge	☐ Addition	
NAME	OKADA, MITSUYOSHI			6.2 N	ME									
STREET ADDRESS	1630 PRIME COURT #100			6.3 ST	REET	ADDRESS							ļ	

ORLANDO FL 32809 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 yustee 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

407-856-0770