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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F97460

(2)

1. Corporation Name

RHO SIGMA, INC.

Principal Place of Business

**1800 W 4TH AVE
HALEAH FL 33010
US**

Mailing Address

**1800 W 4TH AVE
HALEAH FL 33010
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1982

3a. Date of Last Report

06/28/1994

4. FEI Number

59-2279555

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KATZ, MARTIN
1800 W 4TH AVE
HALEAH FL 33010**

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 reissuing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	SPOLZINO, RICHARD
STREET ADDRESS	1800 W 4TH AVE
CITY - ST - ZIP	HALEAH FL
TITLE	POC
NAME	FISCHER, NEAL
STREET ADDRESS	1800 W. FOURTH AVE.
CITY - ST - ZIP	HALEAH FL
TITLE	ST
NAME	KATZ, MARTIN
STREET ADDRESS	1800 W. FOURTH AVE.
CITY - ST - ZIP	HALEAH FL
TITLE	VP
NAME	WARD, BARRY
STREET ADDRESS	1800 W 4TH AVE
CITY - ST - ZIP	HALEAH FL
TITLE	VP
NAME	ANTHONY, DENNIS
STREET ADDRESS	1800 W 4TH AVE
CITY - ST - ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	DELETE
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 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)(4), 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.

SIGNATURE:

MARTIN KATZ
SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR

SECRETARY

TREASURER

3/31/95 (305) 885-1911
Date (Type in Name #)