

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H83986** (0)

95 FEB -2 PM 4:17

1. Corporation Name
SIGMA TECHNICAL ASSOCIATES, INC.

Principal Place of Business Mailing Address
**3446 E LAKE RD
STE 210
PALM HARBOR FL 34685** **3446 E LAKE RD
STE 210
PALM HARBOR FL 34685**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/30/1985	3a. Date of Last Report 02/04/1994
4. FEI Number 59-2602474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 9714
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State Coral Springs, FL
Zip 24	Country 25
Zip 29 33075	Country 30 US

9. Name and Address of Current Registered Agent
**GREEN, ARTHUR R. P
1801 UNIVERSITYDR.
SUITE 208
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent
81 Name **Bradley J. Davis**
82 Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue
83 **Suite 800**
84 City **Orlando** FL 85 Zip Code **32801**

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]* DATE: **1-26-95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EMMERMANN, GEORGE G.
STREET ADDRESS	3057 CORAL SPRINGS DRIVE #208
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VS
NAME	BORLAND, ROBERT
STREET ADDRESS	1875 MONICA DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Terrence Bennett
23 STREET ADDRESS	1271 Marina Point #50
24 CITY-ST-ZIP	Casselberry FL 32707
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **01-16-95** **305-253-5800**