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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H83986

(0)

SIGMA TECHNICAL ASSOCIATES, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report

Principal Place of Business	Mailing Address			
-9440 E LAKE-RD"	PO BOX 9714			
€15-210	CORAL SPRINGS FL 33075			
PALM HARBOR FL 34685	US			

					10/30/1985	02/02/1995	
Principal Plac 583	e of Business 5 Me morial Hwy	2a. Mailing Address			4. FEI Number 59-2602474	Applied For Not Applica	
Suite, Apt. #, Sec	etc. 1+4 20	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Dity <u>& S</u> tate I G M	npa FL	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
336	Country USA	7ip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, s. X No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent	
D 41 #A	P. L. D. J. L.		61	Name			
DAVIS, BRADLEY J 390 N ORANGE AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
				Street Address (F.O. Box Holling)			
SUITE 8			63				
ORLANDO FL 32801			ļ <u>.</u> .				
			84	City		FL 85 Zip Code	
NATURE S	gnature, typical or phinted han ellof registered agent an		NOTE Registered Agei	it signature requir		DATÉ	
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
	EMMERMANN, GEORGE G.	DELETE	1 1 TITLE			Change 🔲 Addi	
	2057 CODAL SODINGS DOINE #200						
LADORESS	CORAL SPRINGS FL	E #200	1.3 STREE	ADDRESS			
ST-ZIP	VS		1.4 CITY - 5	T-ZIP			
	BENNETT, TERRANCE	DEFETE	2 1 Tifle			Change 🗀 Addi	
	1271 MARINA POINT #311		2 2 NAME		and where the	L. Anti-all	
LADORESS	CASSELBERRY FL		2.3 STREE	ADDRESS	15000 A.474 VOJ	THE PROPERTY OF	
ST ZIP			2 4 CITY-5	T-ZIP	12000 4th St Nor St Paters burg	PC 35//A	
		☐ DELFTE	3 1 TITLE 32 NAME		•	Change Addi	
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G1 417		T DELETE	3.4 CITY - 5 4. 1 TITLE	11 - ZIP		Crange Addi	
ļ			4.2 NAME			□ Sudde □ Nati	
LADORESS			4.2 NAIVE	ADDRESS			
S1-20P			4.4 City-5	1			
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			5.2 NAME			_ ,	
LAFIDRESS			5 3 STREE	ADDRESS			
S1 - 216°			5.4 CiTY-5				
		DELETE	6 1 TiTLE			Change Addi	
		-	6.2 NAME			_ ,	
LADORESS			6 3 STREE	ADDRESS			

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)(x). 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 logal 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:

LLLY 4. EMMERTINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Jan 15,1996

954-753-5314

Daytime Phone #

JRZE034 (12/95)