

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K23036** (2)

1. Corporation Name
SIG FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address
C/O MARTIN THIRER
2717 W. CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified **05/10/1988** 3a. Date of Last Report **05/30/1995**
4. FEI Number **65-0055090** 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 has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1475 W. Cypress Creek Road** 26 **1475 W. Cypress Creek Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 204** 27 **Suite 204**
City & State City & State
23 **Ft. Lauderdale, Fl.** 28 **Ft. Lauderdale, FL. 33309**
Zip Country Zip Country
24 **33309** 25 **Broward** 29 **33309** 30 **Broward**

9. Name and Address of Current Registered Agent
THIRER, MARTIN, PA
2717 W. CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1475 W. Cypress Creek Road
83 **Suite 204**
84 City **Ft. Lauderdale,** FL 85 Zip Code **33309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDING, STEPHEN M.
STREET ADDRESS	2717 W. CYPRESS CREEK RO
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PARKER, RICHARD F.
STREET ADDRESS	2717 W. CYPRESS CREEK RO
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	1475 W. Cypress Creek Road, Suite 204
1 4 CITY - ST - ZIP	Ft. Lauderdale, Fl. 33309
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	3840 W. Hillsboro Blvd., #215
2 4 CITY - ST - ZIP	Deerfield Beach, Fl. 33442
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: **STEPHEN M. GOLDING** *S. M. Golding* 8-19-96 954-772-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)