

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L12624

(7)

1. Corporation Name

S.I.G. DEVELOPERS, INC.

FILED

96 DEC 18 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business

Mailing Address

723 MYRTLE COVE CT
STE 112
ORLANDO FL 32825
US

723 MYRTLE COVE CT
STE 112
ORLANDO FL 32825
US

3. Date Incorporated or Qualified
08/29/1989

3a. Date of Last Report
06/28/1995

4. FEI Number

59-2966828

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 3611 SW 34th St.

26 3611 SW 34th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE #10

27 STE #10

City & State

City & State

23 GAINESVILLE, FL

28 GAINESVILLE, FL

Zip

Country

Zip

Country

24 32608

25 USA

29 32608

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DABBOUS, MOHAMED REDA
723 MYRTLE COVE CT STE 112
ORLANDO FL 32825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3611 SW 34th St.

83 STE #10

84 City GAINESVILLE

FL

85 Zip Code 32608

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

MOHAMED REDA DABBOUS - VICE PRESIDENT

8/15/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ABU-ALGADAYL, ABDUL S.
STREET ADDRESS 723 MYRTLE COVE CT STE 112
CITY - ST - ZIP ORLANDO FL

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 3611 SW 34th St., STE #10
14 CITY - ST - ZIP GAINESVILLE, FL 32608

TITLE ☐ DELETE

NAME DABBOUS, MOHAMED REDA
STREET ADDRESS 723 MYRTLE COVE CT STE 112
CITY - ST - ZIP ORLANDO FL

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 3611 SW 34th St., STE #10
24 CITY - ST - ZIP GAINESVILLE, FL 32608

TITLE ☐ DELETE

NAME AL-DEGHAITHER, IBRAHIM A
STREET ADDRESS 723 MYRTLE COVE CT STE 112
CITY - ST - ZIP ORLANDO FL

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS 3611 SW 34th St., STE #10
34 CITY - ST - ZIP GAINESVILLE, FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
000002033510--5
-12/19/96--01032--004
****375.00 ****375.00

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMED REDA DABBOUS
VICE PRESIDENT

8/15/96 (352)334-8706
Daytime Phone #