

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 07 1998 8:00am
Secretary of State

0005882

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36061 (2)

1. Corporation Name

FLORIDA USERS OF SIGMA SYSTEMS, INC.



Principal Place of Business	Mailing Address
% BARTH SATULOFF 9495 SUNSET DRIVE #B-275 MIAMI FL 33173	% BARTH SATULOFF 9495 SUNSET DRIVE #B-275 MIAMI FL 33173

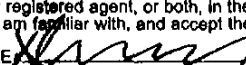
3. Date Incorporated or Qualified	01/11/1990
4. FEI Number	65-0162879
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 % JEROME GOEBEL Suite, Apt. #, etc. 22 1720 HARRISON ST. #1735 City & State 23 HOLLYWOOD, FL. Zip 24 33020 Country 25 USA	26 % JEROME GOEBEL Suite, Apt. #, etc. 27 1720 HARRISON ST. #1735 City & State 28 HOLLYWOOD, FL. Zip 29 33020 Country 30 USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

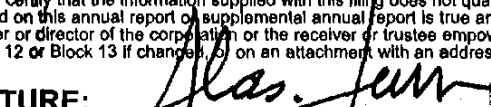
9. Name and Address of Current Registered Agent
SATULOFF, BARTH 9495 SUNSET DRIVE, SUITE B-275 MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name JEROME GOEBEL
82 Street Address (P.O. Box Number is Not Acceptable) 1720 HARRISON ST.
83 #1735
84 City HOLLYWOOD FL 85 Zip Code 33020

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE:  Jerome A. Goebel, Director 9/28/98
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SULLIVAN, DON
STREET ADDRESS	2283 NW 2ND AVENUE, # 203
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LENER, ALAN
STREET ADDRESS	13831 SW 59TH ST. #200
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TERRELL, SANDRA
STREET ADDRESS	1320 KINGSLEY AVE STE C
CITY-ST-ZIP	ORANGE PARK FL
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEROME GOEBEL
1.3 STREET ADDRESS	1720 HARRISON ST. #1735
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(i), 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:  Director 9-11-98 305.385.6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E037 (5/98)