

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22543** (3)  
1. Corporation Name  
**SIGMA SALES COMPANY**



Principal Place of Business <b>5851 HOLMBERG RD. STE. 421 PARKLAND FL 33067</b>	Mailing Address <b>5851 HOLMBERG RD. STE. 421 PARKLAND FL 33067</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/12/1989</b>		3a. Date of Last Report <b>06/22/1996</b>	
21		26		4. FEI Number <b>34-1276022</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		29 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent <b>SPOKANE, HERBERT N. 5851 HOLMBERG RD. STE. 421 PARKLAND FL 33067</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 *Herbert N. Spokane* DATE **7/21/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PTC			1.1 TITLE			
NAME	SPOKANE, HERB			1.2 NAME			
STREET ADDRESS	<del>7000 RIVERDALE DR., #10</del> <b>5851 Holmberg Rd</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL <b>STE 421</b>			1.4 CITY-ST-ZIP			
TITLE	VSD			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPOKANE, FRED			2.2 NAME			
STREET ADDRESS	<del>5851 HOLMBERG RD.</del> <b>5851 Holmberg Rd</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL <b>33067</b>			2.4 CITY-ST-ZIP			
TITLE	D			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>SPOKANE, JEFF</del>			3.2 NAME			
STREET ADDRESS	<del>5570 NW 44TH ST, #203</del>			3.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL			3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Herbert N. Spokane* DATE **7/21/97**  
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (4/97)