

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001218 (5)

1. Corporation Name

SIGIS TROPICAL TREASURES, INC.



Principal Place of Business

3831 WEST VINE STREET
OSCEOLA MALL
KISSIMMEE FL 34741

Mailing Address

3831 WEST VINE STREET
OSCEOLA MALL
KISSIMMEE FL 34741

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
12/30/1992

3a. Date of Last Report
05/11/1995

4. FEI Number

59-3163044

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUPELMAN, SIGRID
4125 OAK CANOPY COURT
#910
KISSIMMEE FL 34741

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 607.1506, 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 of Agent or person in charge of business, or authorized officer of the corporation

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	STUPELMAN, SIGRID	13343 FALCON POINTE DRIVE	ORLANDO FL	☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
	STUPELMAN, SIGRID	13343 FALCON POINTE DR.	ORLANDO FL 32837	☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, I 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: Sigrid Stupelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 407-438-0546
DATE TELEPHONE

CR2E034 (12/95)