

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 9:08

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027368 (8)**

1. Corporation Name
SIGMA SOFTWARE, INC.

Principal Place of Business
**608 S.W. 27TH STREET
GAINESVILLE FL 32607**

Mailing Address
**6281 - 39TH ST., N.
STE. C
PINELLAS PARK FL 34665
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/13/1993** 3a. Date of Last Report **08/09/1994**
4. FEI Number **59-3300712** Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**BACHARACH, N A JR
115 N.E. 7TH AVENUE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
81 Name **Jones, David E.**
82 Street Address (P.O. Box Number is Not Acceptable)
6281 31th St. N.
83 **Suite C**
84 City **Pinellas Park** FL 85 Zip Code **34665**

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 **David E. Jones, Jr./President** *David E. Jones, Jr./President* **04/27/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must turn in signature when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, DAVID E
STREET ADDRESS	6281 39TH STREET N., SUITE B
CITY - ST - ZIP	PINELLAS PARK FL 34665
TITLE	VD
NAME	WEISSMAN-BERMAN, DEBORAH
STREET ADDRESS	608 SW 27TH STREET
CITY - ST - ZIP	GAINESVILLE FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jones, David E.
13 STREET ADDRESS	6281 39th St. N., Suite C
14 CITY - ST - ZIP	Pinellas Park, FL 34665
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Weissman-Berman, Deborah
23 STREET ADDRESS	5147 S.W. 9th Lane
24 CITY - ST - ZIP	Gainesville, FL 32607
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	500001494395
33 STREET ADDRESS	-05/19/95--01032--010
34 CITY - ST - ZIP	****200.00 ****200.00
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David E. Jones* **DAVID E. JONES PRESIDENT** **4/27/95** **(813) 522-5320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (SEE INSTRUCTIONS)