

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90063 030 ***150.00

DOCUMENT # P93000060770

1. Corporation Name

SIGMA MANAGEMENT CORP.

Principal Place of Business
3170 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address
C/O SHIRLEY DENHOLTZ
3170 S. OCEAN BLVD.
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1993

4. FEI Number

65-0436625

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 337 E. Indiantown Road
Suite, Apt. #, etc.

22 8
City & State

23 Jupiter, FL

24 33477 Country
25 USA

2a. Mailing Address

26 337 E Indiantown Road
Suite, Apt. #, etc.

27 8
City & State

28 Jupiter, FL

29 33477 Country
30 USA

9. Name and Address of Current Registered Agent

MIMNAUGH, COLLEEN J.
337 E. INDIANTOWN RD #8
18TH FLOOR
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

JACK W DENHOLTZ

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

337 E Indiantown Road

83 Suite 8

84 City
Jupiter

85 Zip Code
FL 33477

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DENHOLTZ, SHIRLEY I
STREET ADDRESS 3170 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, TREASURER ☐ Change ☒ Addition
1.2 NAME JACK W DENHOLTZ
1.3 STREET ADDRESS 337 E INDIANTOWN ROAD, #8
1.4 CITY-ST-ZIP JUPITER, FL 33477

2.1 TITLE VP, SECRETARY ☐ Change ☒ Addition
2.2 NAME STEWART F DENHOLTZ
2.3 STREET ADDRESS 337 E INDIANTOWN ROAD, #8
2.4 CITY-ST-ZIP JUPITER, FL 33477

3.1 TITLE ASSIST. SECRETARY ☒ Change ☐ Addition
3.2 NAME SHIRLEY I DENHOLTZ
3.3 STREET ADDRESS 337 E INDIANTOWN ROAD #8
3.4 CITY-ST-ZIP JUPITER, FL 33477

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

561-743-8900

CR2E034 (11/98)