

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED

96 NOV 26 AM 9: 58

DOCUMENT # **P95000059490 (9)**

1. Corporation Name  
**SIG FINANCIAL CORPORATION**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**9700 KOGER BLVD., SUITE 308  
 ST. PETERSBURG FL 33702**

Mailing Address  
**9700 KOGER BLVD., SUITE 308  
 ST. PETERSBURG FL 33702**

**REINSTATEMENT**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>220 EAST MADISON</b>	26	<b>220 E MADISON</b>	<b>08/02/1985</b>	<b>N/A</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	<b>722</b>	27	<b>722</b>	<b>59-334729</b>	Not Applicable
City & State		City & State		8. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>TAMPA FL</b>	28	<b>TAMPA FL</b>	<input checked="" type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
24	<b>33602</b>	29	<b>33602</b>	<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USA		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SINADINOS, GREGORY J          9700 KOGER BLVD., SUITE 308          ST. PETERSBURG FL 33702</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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: GREGORY SINADINOS, PRESIDENT DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>President</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Gregory J Sinadinos</b>			1.2 NAME			
STREET ADDRESS	<b>220 E Madison, 722</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GREGORY SINADINOS, PRESIDENT DATE: **11-22-96** DAYTIME PHONE #: **813-226-0066**  
(NOTE: Registered Agent signature required when reinstating)

CR2ED34 (3/95)