

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 18 1997 8:00am  
Secretary of State

DOCUMENT # P96000096050 (5)

1. Corporation Name

SIGRUN CORPORATION



Principal Place of Business

2000 GLADES RD, SUITE 400  
BOCA RATON FL 33431

Mailing Address

2000 GLADES RD, SUITE 400  
BOCA RATON FL 33431-8589

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 1515 S. Federal Highway

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Boca Raton, FL

Zip

33432

Country

24 33431 25 USA

2a. Mailing Address

26 1515 S. Federal Highway

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Boca Raton, FL

Zip

33432

Country

29 33431 30 USA

4. FEI Number

65-0712225

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

HRAWG CORP.  
2000 GLADES RD, SUITE 400  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

Donald E. Baker

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

1515 S. Federal Hwy. # 201

83

84 City

Boca Raton

FL

85 Zip Code

33432

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

*Donald E. Baker*

DONALD E. BAKER

3/14/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Baker, Donald E.	
STREET ADDRESS	1515 S. Federal Highway #201	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Besaw, Kathleen R.	
STREET ADDRESS	1515 S. Federal Highway, #201	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Besaw, Kathleen R.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Donald E. Baker*

Donald E. Baker, Pres.

(561) 395-2600

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0000416

CR2E034 (9/96)