Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90051 043 ***150.00

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

DOCUMENT # **P96000096050**

1. Corporation Name

SIGDINI COPPODATION

Sidnor	CONFORMION					
Dain air al Dian	of Dunings	Mailine Address	·			###
Principal Place of Business Mailing Address 1515 S. FEDERAL HIGHWAY 1515 S. FEDERAL HIGHWAY			v			
1515 S. FEDERAL HIGHWAY 1515 S. FEDERAL HIGHWAY SUITE 201						
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN TH	HIS SPACE
					3. Date Incorporated or Qualifed 11/25/1996	,
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26				65-0712225	Not Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22 27					Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip	Country Zip		Cour	Trust Fund Contribution Country 8 This corporation gwes the current we		
24			30		This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Current	11	301	· · · · · · · · · · · · · · · · · ·	10. Name and Address of New Register	
				81 Name		
BAKER, DONALD E				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 201 BOCA RATON FL 33432				Street Addit	ess (F.O. DOX Number is Not Acceptable)	e. T.k. : sand grayer and Kenessele
				83	1000 1000 1000 1000 1000 1000 1000 100	就們得到開報間]
			ŀ	84 City		85 Zip Code
				O-T Only	. F	L 2 2 5 5 1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statute	s, the ab	pove-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statu	ites.	in a board of directors. Thereby accept the ap	politiment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered agent		Registered /	Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	D DELETE	1.1 TIT	1F	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BAKER, DONALD E	, Doctora	1.2 NAJ		17 7 7 ₁ 838	
STREET ADDRESS				REET ADDRESS		1
CITY-ST-ZIP BOCA RATON FL 33432			1	Y-ST-ZIP		ļ
TITLE	DS	☐ DELETE	2.1 TIT			☐ Change ☐ Addition
NAME	BESAW, KATHLEEN R	•	2.2 NA			
STREET ADDRESS				I .		1
CITY-ST-ZIP		•	2.3 STF	REET ADDRESS	•	1
TITLE		•				
	BOCA RATON FL 33432	DELETE		TY-ST-ZIP	·	☐ Change ☐ Addition
NAME .		. DELETE	2. 4 CIT	IY-\$T-ZIP LE		☐ Change ☐ Addition
NAME STREET ADDRESS			2. 4 C/I 3.1 TITI 3.2 NAJ	IY-\$T-ZIP LE		☐ Change ☐ Addition
- 1		. DELETE	2.4 CM 3.1 TITI 3.2 NA/ 3.3 STF	IY-ST-ZIP LE ME		
STREET ADDRESS		☐ DELETE	2.4 CM 3.1 TITI 3.2 NA/ 3.3 STF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP		_	2.4 CR 3.1 TITI 3.2 NA/ 3.3 STF 3.4. CR	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP- TITLE		_	2.4 CR 3.1 TITI 3.2 NA/ 3.3 STF 3.4. CR 4.1 TITI 4.2 NA	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP- TITLE NAME		☐ DELETE	2.4 CM 3.1 TITM 3.2 NAV 3.3 STF 3.4 CM 4.1 TITM 4.2 NA 4.3 STF	IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE MME		Change → TAddition
STREET ADDRESS CITY-ST-ZIP- TITLE NAME STREET ADDRESS		_	2.4 CM 3.1 TITM 3.2 NAV 3.3 STF 3.4 CM 4.1 TITM 4.2 NA 4.3 STF	IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LE LE LE LE LE LE LE LE L		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

1/22/99

561-395-2600

Change

Addition