

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000076370 (0)
 1. Corporation Name
SIGERTRONIC SYSTEMS CORPORATION



Principal Place of Business 7400 STIRLING ROAD #1123 HOLLYWOOD FL 33024	Mailing Address 7400 STIRLING ROAD #1123 HOLLYWOOD FL 33024
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2450 HOLLYWOOD BLVD. Suite, Apt. #, etc. 22 406 City & State 23 HOLLYWOOD, FL Zip 24 33020		2a. Mailing Address 26 2450 HOLLYWOOD BLVD Suite, Apt. #, etc. 27 406 City & State 28 HOLLYWOOD, FL Zip 29 33020		3. Date Incorporated or Qualified 09/02/1987		4. FEI Number 65-0779429 Applied For Not Applicable	
25 R.S.A		30 U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33020		29 33020		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____

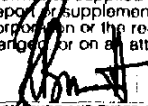
12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, ROBERT C	
STREET ADDRESS	7400 STIRLING ROAD #1123	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNNINGS, CRIOS	
STREET ADDRESS	30 NEWTOWN BARRACKS	
CITY-ST-ZIP	BELIZE CITY, BELIZE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESQUEVEL, DAVID	
STREET ADDRESS	30 NEWTOWN BARRACKS	
CITY-ST-ZIP	BELIZE CITY, BELIZE	
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	PIT/SM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENNETT, ROBERT C	
1.3 STREET ADDRESS	1525 SW 11TH AVE, #201	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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:  **ROBERT BENNETT** 4/25/98 964-925-2212

CR2E034 (10/97)