

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90101 016 ***150.00

DOCUMENT # P98000085077

1. Corporation Name

SIGNATURE MANAGEMENT GROUP, INC.

Principal Place of Business
1310 W COLONIAL DR. SUITE 16
ORLANDO FL 32804

Mailing Address
1310 W COLONIAL DR. SUITE 16
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

59 356 8552

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

9. Name and Address of Current Registered Agent

SYMONETTE, THOMAS B JR
1310 W COLONIAL DR, SUITE 16
ORLANDO FL 32804

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

Thomas B Symonette
Signature, typed or printed name of registered agent and title if applicable.

(NOT E-Registered Agent signature required when reinstating)

DATE

4/22/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SYMONETTE, THOMAS B JR
STREET ADDRESS
1310 W COLONIAL DR, SUITE 16
CITY-ST-ZIP
ORLANDO FL 32804

TITLE ☐ DELETE

NAME
TIRALOSI, MARK
STREET ADDRESS
P O BOX 916459 N/A
CITY-ST-ZIP
LONGWOOD FL 32791-6459

TITLE ☐ DELETE

NAME
BASSETTI, EDWARD R
STREET ADDRESS
25B VREELAND RD, SUITE 102
CITY-ST-ZIP
FLORRHAM PARK NJ 07932

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 #2 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 #

4/22/99 407 649 9445

CR2E034 (11/98)