

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0041345

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S81412

(6)

1. Corporation Name

SIGMA MERCURY SERVICES, INC.

Principal Place of Business

1521 ALTON RD  
MIAMI BCH FL 33139

Mailing Address

1521 ALTON RD  
MIAMI BCH FL 33139

FILED

98 JUL 17 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

65-0284961

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

JENKINS, DAVID W  
1521 ALTON RD  
SUITE 9  
MIAMI BCH FL 33139

ADDRESS CHANGED  
To ->

10. Name and Address of New Registered Agent

81 Name

JENKINS, DAVID W.

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

21440 SW 98 COURT

83

84 City

MIAMI

FL

85 Zip Code

33139

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)

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME JENKINS, DAVID  
STREET ADDRESS 21440 SW 98 COURT  
CITY-ST-ZIP MIAMI FL

TITLE VSD ☐ DELETE

NAME JENKINS, MARILYN  
STREET ADDRESS 21440 SW 98 COURT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002585855-12-9

-07/22/98--01087--002

\*\*\*158.75 \*\*\*158.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: [Signature] REQUIRED [Signature] 305-538-506

CR2E034 (5/97)




MAIL BOXES ETC.®

David and Marilyn Jenkins  
Owner / Operators

7-8-98

ON RECEIPT OF THIS SECOND NOTICE TODAY,  
I PHONED AND SPOKE WITH A LADY  
IN YOUR OFFICES AND EXPLAINED I  
SENT THE ANNUAL REPORT WITH  
FEE OF \$158.75 IN MARCH - APRIL  
(COPY AND RECEIPT FOR CERTIFIED  
MAILING ATTACHED.)

SHE ADVISED ME TO ADVISE THAT  
WAS LOST IN THE MAIL - THE  
CHECK HAS NOT BEEN CASHED,  
AND TO RESEND THE NEW FORM  
WITH THE ORIGINAL FEE OF  
\$158.75. THANK YOU FOR  
YOUR CONSIDERATION

  
DAVID JENKINS

Z 126 065 136

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

Sent to <i>H. D. E. A. State</i>	
Street & Number <i>214. on relocation</i>	
Post Office, State, & ZIP Code	
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	US \$ 2.77
Postmark or Date	

PS Form 3800, April 1995

