FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S91696** **(2)**

1. Corporation Name

~~SINADINOS INSURANCE GROUP, INC.~~

Sig Employee Benefits, Inc.

Principal Place of Business	Mailing Address
SIG EMPLOYEE BENEFITS 9700 KOGER BLVD.. SUITE 308 ST. PETERSBURG FL 33702 US	SIG EMPLOYEE BENEFITS 9700 KOGER BLVD.. SUITE 308 ST. PETERSBURG FL 33702 US

3. Date Incorporated or Qualified: 11/04/1991
3a. Date of Last Report: 07/24/1995

2. Principal Place of Business
21: 220 East madison street
22 Suite, Apt. #, etc: 722
23 City & State: TAMPA FL
24 Zip: 33602
25 Country: US

2a. Mailing Address
26: 220 East Madison St
27 Suite, Apt. #, etc.: 722
28 City & State: TAMPA FL
29 Zip: 33602
30 Country: US

4. FEI Number: 58-1967478 ☐ 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

BAKER, RICHARD R ESQ
2431 ALOMA AVE
STE 120
WINTER PARK FL 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SINADINOS, GREGORY J		1.2 NAME	
STREET ADDRESS	9,03 PINELLAS BAYWAY S		1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SINADINOS, GREGORY J.		2.2 NAME	
STREET ADDRESS	903 PINELLAS BAYWAY S		2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	300001865778 -06/18/96--01133--001 ***200.00
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	600001865776 -06/18/96--01133--002 ***8.75
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-29-96 813-226-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #