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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S91696

(2)

1. Corporation Name
SIG EMPLOYEE BENEFITS, INC.

Principal Place of Business

Mailing Address

220 EAST MADISON STREET
SUITE 722
TAMPA FL 33602
US

220 EAST MADISON STREET
SUITE 722
TAMPA FL 33602-4826
US



3. Date Incorporated or Qualified
11/04/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

SINADINOS, GREGORY J
903 PINELLAS BAYWAY SOUTH
VILLA 304
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name

Gregory J. Sinadinos

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

6202 N. Sheldon Rd

83

Apt 215

84 City

Tampa

FL

85

Zip Code

33615

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-4-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTs
NAME SINADINOS, GREGORY J
STREET ADDRESS 903 PINELLAS BAYWAY SOUTH, VILLA 304
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE D
NAME SINADINOS, GREGORY J
STREET ADDRESS 903 PINELLAS BAYWAY SOUTH, VILLA 304
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVTs
1.2 NAME Sinadinos, Gregory J.
1.3 STREET ADDRESS 6202 N. Sheldon Rd #215
1.4 CITY-ST-ZIP Tampa, FL 33615

2.1 TITLE PVTs
2.2 NAME Sinadinos, Gregory
2.3 STREET ADDRESS 6202 N. Sheldon Rd
2.4 CITY-ST-ZIP Tampa, FL 33615

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

14. I do 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97

813-224-0066

Date

Daytime Phone #

CR2E034 (9/96)