

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H49806** (3)

1. Corporation Name
JEROME R. SIEGEL, P.A.



Principal Place of Business
~~9345 W SAMPLE ROAD
CORAL SPRINGS FL 33065
US~~

Mailing Address
~~9345 W SAMPLE ROAD
CORAL SPRINGS FL 33065
US~~

3. Date Incorporated or Qualified **04/01/1985** 3a. Date of Last Report **04/17/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **8142 UNIVERSITY DR**
27 Suite, Apt. #, etc.
28 **TAMPA** **FL**
29 **33321** 30 **USA**

4. FEI Number **59-2510678** 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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGEL, JEROME R.
~~9345 W SAMPLE ROAD~~
~~CORAL SPRINGS FL 33065~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8142 UNIVERSITY DR
83
84 City **TAMPA** FL 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE *Jerome R. Siegel*

(NOTE: Registered Agent signature required when reinstating)

DATE **3/1/96**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DP	1.2 NAME
STREET ADDRESS: SIEGEL, JEROME R.	1.3 STREET ADDRESS 8142 UNIVERSITY DR
CITY-STATE-ZIP: 9345 W SAMPLE ROAD	1.4 CITY-STATE-ZIP TAMPA, FL 33321
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2.2 NAME
STREET ADDRESS:	2.3 STREET ADDRESS
CITY-STATE-ZIP:	2.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3.2 NAME
STREET ADDRESS:	3.3 STREET ADDRESS
CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS
CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS
CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS
CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appointment with an address.

SIGNATURE: *Jerome R. Siegel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/1/96** TELEPHONE **(954) 721-7300**

CR2E034 (12/95)