

**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 # **G28943** (0)

1. Corporation Name  
**ANDREW L. SIEGEL, P.A.**



Principal Place of Business: **% ANDREW L SIEGEL 300 NW 82ND AVE., SUITE 412 PLANTATION FL 33324**  
Mailing Address: **% ANDREW L SIEGEL 300 NW 82ND AVE., SUITE 412 PLANTATION FL 33324**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/12/1983</b>		3a. Date of Last Report <b>01/18/1995</b>	
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Zip	26. State, Apt. #, etc.	27. City & State	28. Zip
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SIEGEL, ANDREW L. 300 NW 82ND AVE., SUITE 412 PLANTATION FL 33324</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City <b>FL</b> 85. Zip Code			
4. FEI Number <b>59-2293607</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>							
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>							
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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 officer 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 on separate sheet and attached to this filing statement. (NOTE: Registered Agent signature required when first filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, ANDREW L</b>	1.2 NAME	
STREET ADDRESS	<b>524 N.E. 13TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, ANDREW L</b>	2.2 NAME	
STREET ADDRESS	<b>524 N.E. 13TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-STATE-ZIP	
TITLE		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		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		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		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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, 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, on an attachment with an address.

SIGNATURE: **1-29-96** **305-475-1011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Month

CR2E034 (12/95)