FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H49806

1. Corporation Name

JEROME R. SIEGEL, P.A.

JETOME HE DIEGLE, FIA

FILED
Mar 08, 1999 8:00 am
Secretary of State
02.00.1000.0001.020.***1.50.00

03-08-1999 90001 038 ***150.0

							<u> </u>
Principal Place of Business Mailing Address						Comment ditt minis forde total maria mill and deder minis mari and deder	
100 W CYPRES	S CREEK RD		W CYPRESS CREEK F	₹D			
STE 930			E 930				DO NOT WRITE IN THIS SPACE
			T LAUDERDALE FL 33309				3. Date Incorporated or Qualifed
US		บง	•				1
2 84 18	lana of Dunings	20	Mailing Address				04/01/1985 4. FEI Number Applied For
Z. Principal Pi	lace of Business	<u> </u>	Mailing Address				
21	11 -1-	26	Suite Ant # etc				59-2510678 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired
22		27	City & State				
City & State			7 ´				6. Election Campaign Financing Trust Fund Contribution S Added to Fees
Zip Country			8 Zip Country				This corporation owes the current year Intangible
Zip		20	~ib	30			Personal Property Tax. Yes No
24	9. Name and Address of Curr	29 rent Regis	tered Agent	30	_		10. Name and Address of New Registered Agent
	5. Name and Address of Cur	rent Kegia	nereu Agent		81	Name	18
SIFC	EL, JEROME R.						
	W CYPRESS CREEK RD #930	ם			82	Street Add	ress (P.O. Box Number is Not Acceptable)
	AUDERDALE FL 33309				83		
	TOOLING/ILL I'L GOOD				"		
					84	City	FL 85 Zip Code
							poration submits this statement for the purpose of changing its registered
	Signature, typed or printed name of registered				Agent	signature require	ad when reinstating) DATE ADDITIONS/CHANCES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DELETE				. Change Choolien
NAME	SIEGEL, JEROME R.			1.2 NA			
STREET ADDRESS	100 W CYPRESS CREEK RO) #9 30		13 ST	REE1	ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL				TY-ST	-ZIP	F*1 Change ☐ Addition
TITLE			☐ DELETE	2.1 TITLE			Change Addition
NAME				2.2 N/	ME		,
STREET ADDRESS				2.3 S1	REET	ADDRESS	
CITY-ST-ZIP				2.4 C	TY-ST	r-ZIP	
TITLE			☐ DELETE	3.1 TF	LE		Change Addition
NAME				32 N/	ME		
STREET ADDRESS				3.3 S1	REET.	ADDRESS	
CITY-ST-ZIP				3.4 C	TY-ST	r-ZIP	
TITLE			☐ DELETE	4.1 TT	ΠE		☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 \$1	REET	ADDRESS	•
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP	
TITLE			☐ DELETE	5.1 TT			☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				5.4 CI	TY-ST	-ZIP	
TITLE			☐ DELETE	6.1 TI	πE		☐ Change ☐ Addition
NAME				6.2 NA	ME		
STREET ADDRESS				6.3 S1	REET	ADDRESS	
				64.01	TY-ST	-ZIP	

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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (11/9)