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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

**FILED** Apr 03 1998 8:00am Secretary of State

	1998	DIVISION OF COI	RPORATIONS			
1. Corporation	MENT # L18100 T SIEGEL INCORPORATED	` '		T CORRECTION CONTINUES TRANSPORTED AND CONTROL	AKI BIONI ANGIN BEBEK BIONI IDAN	
Principal Place	e of Business	Mailing Address				
•		8261 WATERLINE DRIVE				
8261 WATERLINE DRIVE 8261 WATERLINE DRIVE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437					202405	
				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	3 SPACE	
				09/25/1989		
2. Principal P	lace of Business	2a, Mailing Address		4, FEI Number	Applied For	
21		26		36-3668942	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	0	City & State		A Floring Country Country	Fee Required	
23	•	28		8. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c		
24	25	29 30	<u> </u>	Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	3 Agent	
	GEL, ALBERT		81 Name			
8261 WATERLINE DRIVE			82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
BO	YNTON BEACH FL 33437		63			
				<u> </u>		
			84 City	F	L 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose	of changing its registered	
agent. La	egistered agent, or both, in the State im familiar with, and accept the obliq	e of Florida. Such change was auti jations of, Section 607.0505, Floric	norized by the corporat la Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE						
12.	Signature, typed or printed name of registered ag	ont and tale if applicable. (NOTE R  ID DIRECTORS	egistered Agent signature require	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICENS AF	Change Addition	
NAME	SIEGEL, ALBERT	_	1.2 NAME			
STREET ADDRESS	8261 WATERLINE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME		Change C Fadition	
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			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE NAME			5.1 TITLE 5.2 NAME		C custofic C vocation	
STREET ADDRESS		į	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		Į.	

14. Thereby 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 trystee 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:

### Address - \*\*Tubble\*\*

\*\*Tubble

SIGNATURE: