

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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'APPROVED
AND
FILED

95 MAR -7 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Report 03/18/1994
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4. FBI Number	Applied For
65-0194409	Not Applicable

5. Certificate of Status Desired		\$8.75 Additional Fee Required
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6. Election Campaign Financing	\$5.00	May Be
Trust Fund Contribution	☐	Added to Fees

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIEGLER, STEVEN M.
999 PONCE DE LEON BLVD
SUITE 550
CORAL GABLES FL 33134

01	Name	Stephen M Ziegler		
02	Street Address (P.O. Box Number is Not Acceptable)	4000 Hollywood Blvd #375 South		
03				
04	City	Hollywood	FL	05 Zip Code 33301

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

¹ The authors have no financial or other interests that may be perceived as influencing the results and conclusions of this study.

NOTE: Reproduced from Scientific American, 1961, 205, 100.

DATE _____

OFFICERS AND DIRECTORS

TITLE	D
NAME	ZIEGLER, STEVEN M.
STREET ADDRESS	999 PONCE DE LEON BLVD
CITY/STATE/ZIP	CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY STATE ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TIME
DATE
SUBJECT
CITY

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19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change	☐ Addition
1.2 NAME	Stephen M Ziegler		
1.3 STREET ADDRESS	4000 Hollywood Blvd Ste 375 S		
1.4 CITY, ST, ZIP	Hollywood FL 33621		

2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		

3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		

4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 FIRM	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I 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 included 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, partner, or sole proprietor of the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/28/95 305 9662696