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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

P93000029170 (6)

SIEMEN	is west boynton co	ORP.			
Principal Place of	of Business	Mailing Address	" · · · · · · · · · · · · · · · · · · ·	T IMBILIARI LIE TEIRR EIEIT DAILL BEST	8814 88118 HB/B (818) HBF) (88)6 8816 188)
4800 NORTH FEDERAL HIGHWAY SUITE A200 BOCA RATON FL 33431		4800 NORTH FEDERAL SUITE A200	4800 NORTH FEDERAL HIGHWAY		
				3. Date Incorporated or Qualified 04/20/1993	3a. Date of Last Report 05/12/1995
2. Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 65-0443754	Applied For Not Applicable
Suite, Apl. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for i	intangible tax under s 199.032,
24	25 25 9. Name and Address of Cur	29	[30]		□ No
	9. Name and Address of Cul	rent negistered Agent	81 Name	10. Name and Address of New R	egistered Agent
SIEMENS, RICHARD 4800 NORTH FEDERAL HIGHWAY					
			82 Street Add	dress (P.O. Box Number is Not Acceptab	ie)
SUITE A2			83		
BOCA RA	ATON FL 33431		84 City		85 Zip Code
44 D		500 - 1007 (500 5) 11 0			FL
or registere	the provisions of Sections 607.0 d agent, or both, in the State of F	502 and 607.1508, Florida Statute: londa: Such change was authorize	s, the above-named corpo d by the corporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its registered office of changing its registered agent. I am
	and accept the obligations of, S	lection 607.0505, Florida Statutes.			
SIGNATURE	ligital tire: typed or picited name of registrosis a	gert and the it application (NOT)	F. Bogesterc I Agent signature respon	esh wither neinstatuisti	DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	☐ DELETE	1 'THILE		☐ Change ☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		12 NAME		
STREET AUDRESS	4800 N. FEDERAL HWY.,	#A200	1.3 STREE! ADDRESS		
CiTY-ST-ZiP	BOCA RATON FL 33431	E pe exe	14 CFY - \$1 - ZIP	F1 81. 92. 70. 10.	
TITLE		☐ DELETE	2 : TITLE		Change Addition
NAME CERET ADDOCCC			2.2 NAME		
STREET ADDRESS CHTY-ST-ZIP			2.3 STREET ADDRESS		
THILE		DELETE	2.4 GITY+ST ZIP 3.1 DTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CiTY-ST-ZIP			3.4 CITY - S1 - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP	·		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 THILF		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	54 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME		-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZIP			6.4 CITY - ST - ZIP		
certify that I oath; that I	certify that the information suppli the information indicated on this a am an officer or director of the or Block 12 or Block 13 if changed,	annual report or sumplemental annu	ia' report is true and accur- enipowered to execute the	for the exemption stated in Section 119, ate and that my signature shall have the us report as required by Chapter 607, Fir	same legal effect as if made under
SIGNATI	JRE: SIGNATURE AND TYPE	OOR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Circ	Dautoe Phone F