Feb 19, 1999 8:00 am Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

02-19-1999 90117 031 ***150.00

DOCUMENT # P93000029170

PROFIT

1999

 Corporation 	n Name				
SIEMEN	s west boynton corp.				
Principal Place	e of Business	Mailing Address		I INDIANE ILA TINES ITALE BUNIT SELLI BELLI BELLI	illing zotat izani jaon asuz jaon 🗢
4800 NORTH FEDERAL HIGHWAY 4800 NORTH FEDERAL HIG		HWAY			
SUITE 202-E SUITE E BOCA RATON FL 33431 BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE		
US US			3. Date Incorporated or Qualifed		
				04/20/1993	
Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number	Applied For
21 -		26		65-0410776	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	-	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	 This corporation owes the current year in Personal Property Tax. 	tangible K Yes □No
24	9. Name and Address of Curre		30	10. Name and Address of New Registered	
	5. Name and Address of Odiro	ne negistered Agent	81 Name	,	
SIEMENS, RICHARD			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
4800 NORTH FEDERAL HIGHWAY					
SUITE 202-E BOCA RATON FL 33431			83	• .	•
BOOK NATOR TE 30401			84 City	Fì	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose of lion's board of directors. I hereby accept the appo	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by the corporat ida Statutes.	lion's board of directors. I hereby accept the appo	intment as registered
SIGNATURE			·	·	
	Signature, typed or printed name of registered ag-		Registered Agent signature requir		ND DIDECTORS IN 12
12.		ND DIRECTORS ☐ DELETE	13. 1.1 TRILE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	D DICHADO	Office	1.2 NAME		
NAME STREET ADDRESS	SIEMENS, RICHARD 4800 N FEDERAL HWY, SUITE 202-E		1.3 STREET ADDRESS	; 	ĺ
CITY-ST-ZIP	BOCA RATON FL 33431	L 202-C	1.4 CITY-ST-ZIP		
TITLE	poort to the first to to to	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP		C) printe	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 C/TY+ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETÉ	5.1 TITLE		Change Addition.
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		·
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE					
IIILE		☐ DELETE	6.1 TITLE	_	☐ Change ☐ Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME	-	☐ Change ☐ Addition

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in its arraddress, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or suppliements annual officer or director of the corporation Block 12 or Block 13 if changed

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #