

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000078852 (9)**

1. Corporation Name
STEVEN S. SIEGELAUB, P.A.



Principal Place of Business
**1700 UNIVERSITY AVENUE
CORAL SPRINGS FL 33071**

Mailing Address
**1700 UNIVERSITY AVENUE
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0446317	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SHADOWITZ, BETH I
1200 N. FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

11. Name	12. Street Address (P.O. Box Number is Not Acceptable)	13. City	14. State	15. Zip Code
			FL	85

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

Signature, typed or printed name of registered agent and fee, if applicable

(Note: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
NAME	STREET ADDRESS	12. NAME	13. STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	14. CITY - ST - ZIP	15. CITY - ST - ZIP
CITY - ST - ZIP		2. TITLE	3. NAME
		22. NAME	23. STREET ADDRESS
		24. CITY - ST - ZIP	25. CITY - ST - ZIP
		3. TITLE	4. NAME
		32. NAME	33. STREET ADDRESS
		34. CITY - ST - ZIP	35. CITY - ST - ZIP
		4. TITLE	5. NAME
		42. NAME	43. STREET ADDRESS
		44. CITY - ST - ZIP	45. CITY - ST - ZIP
		5. TITLE	6. NAME
		52. NAME	53. STREET ADDRESS
		54. CITY - ST - ZIP	55. CITY - ST - ZIP
		6. TITLE	7. NAME
		62. NAME	63. STREET ADDRESS
		64. CITY - ST - ZIP	65. CITY - ST - ZIP

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN SIEGELAUB

4/24/96

753-2222-

Daytime Phone #

CR2E034 (12/95)