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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078852 (9)

STEVEN S. SIEGELAUB, P.A.

Principal Place 1700 UNIVERSI CORAL SPRING	TY AVENUE	Mailing Address 1700 UNIVERSITY AVENUE CORAL SPRINGS FL 33071	1700 UNIVERSITY AVENUE						
						 Date Incorporated or Qualified 11/08/1993 	1	te of Last R 9/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>		oplied For
21		26	26			65-0446317 Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Repulred			
City & State	e		City & State			6. Election Campaign Financing		\$5.00	- 1
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Zip Country			8. This corporation has liability for i	ntangible (lax under s	. 199.032,
24	25		30] No	-
	g, Name and Address of Curre	ent Registered Agent		-T		10. Name and Address of New Re	pistered A	gent	
	DOWITZ, BETH I		81	1	Name				
	D. N. FEDERAL HIGHWAY		82 Str			Iress (P.O. Box Number is Not Acceptab	ie)		
	re 200 Ca raton fl 33432		83	3					
	71 1911 911 1 2 95		84	+	City	<u></u>	· · · · · · · · · · · · · · · · · · ·	Tag Zin (Code
			"	•	Ully		FL	85 Zip (Coue
SIGNATURE	Stgrature, typed or pristed name of registered a	agent and title if applicable. (NOTE	E Registered Ac			tion's board of directors. I hereby acception in the control of th	DATE		
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
THLE	P CIECEI ALID CTEVEN C	DELETE	1.1 THLE				1	Change	☐ Addition
NAME	SIEGELAUB, STEVEN S 4922 NW 81ST AVE.		1.2 NAME						;
STREET ADDRESS	CORAL SPRINGS FL			1.3 STREET ADDRESS					į
CITY-ST-ZiP TiTLE				1.4 CITY-ST-ZIP 2.1 TITLE		<u></u>		Change	Addition
NAME		<u> </u>	2.2 NAME				•		Land Clarestone
STREET ADDRESS			2.3 STREE		ADDRESS				
CITY-ST-ZIP	ł			2. 4 CITY-ST-ZIP					ļ
TITLE		DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME	E					
STREET ADORESS			3.3 STREE	ET #	ADDRESS				
CIFY-S1-ZIP			3.4, CITY-	-\$1	iT-ZIP				
TITLE	DELETE DELETE		4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAMi	Æ					
STREET ADDRESS			4.3 STREE	ET A	ADDRESS				
CHY-ST-ZIP		- Dricke	4.4 CITY -		r-zip			F-1 at	1 A 4 4 4 4 4 1
TITLE		☐ DELETE	5.1 TITLE				I	Change	L. Addition
NAME			5.2 NAME						
STREET ADDRESS			B ***		ADDRESS				
CITY+ST-ZIP TITLE		DELETE	5.4 CITY -	_	I-ZIP			Change	Addition
		LJ OLGIC	6.1 TITLE				'	LI Ultariyo	LJ Addition
NAME etheri annocce	(6.2 NAME		ADDRESS				
STREET ADDRESS			6.4 CITY	-					
CITY-ST-ZIP 14. I do heret	by certify that the information suppl	hed with this filing does not qualif	fy for the ex	x e n	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
information	on indicated on this annual report or	or supplemental annual report is tr or the receiver or trustee empower	rue and acc vered to exe	cui	rate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as	if made un	ider oath; that

SIGNATURE

WANATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

Steven S. Siegelaub

1/28/97 96

964 753 222

FILED

Feb 03 1997 8:00am

Secretary of State

Daytime Phone #