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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 18 1998 8:00am Secretary of State

1998 DOCUMENT # P94000044380 (1) PHILLIP SPIEGEL, P.A. Principal Place of Business Mailing Address 1776 CASEY KEY RD. 1776 CASEY KEY RD. NOKOMIS FL 34275 NOKOMIS FL 34275 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1994 2. Principal Place of Business 2a. Mailing Address Applied For 65-0495539 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SPIEGEL, CAROL 1776 CASEY KEY RD. 82 Street Address (P.O. Box Number is Not Acceptable) NOKOMIS FL 34275 83 84 City Zip Code 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, typed or protect name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE NAME SPIEGEL. PHILLIP 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1776 CASEY KEY RD. NOKOMIS FL 34275 CITY-ST-ZIP 14 CHY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE SPIEGEL, CAROL NAME 2.2 NAME 1776 CASEY KEY RD. STREET ADDRESS 2.3 STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 71TLE Change TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 7IP TITLE DELETE 4.1 7111.8 Change Addition NAME 4.2 NAMI 4.9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE \_\_ Addition 5.1 111LE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 curporation 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 chapted, or on an attachment with an address.

CICALATUDE.

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