

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

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Feb 26, 1999 8:00 am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # P94000044380 | | | |
| 1. Corporation Name PHILLIP SPIEGEL, P.A. | | | |
| Principal Place of Business 1776 CASEY KEY RD. NOKOMIS FL 34275 610 S. Oregon Ave Tampa Fla 33606 | | Mailing Address 1776 CASEY KEY RD. NOKOMIS FL 34275 610 S. Oregon Ave Tampa Fla 33606 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 9. Name and Address of Current Registered Agent SPIEGEL, CAROL 1776 CASEY KEY RD. NOKOMIS FL 34275 610 S. Oregon Ave Tampa Fla 33606 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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, 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: <u>Carol Spiegel, Sec</u> DATE: <u>Jan 25, 1999</u> | | | |
| 12. OFFICERS AND DIRECTORS TITLE DP NAME SPIEGEL, PHILLIP STREET ADDRESS 1776 CASEY KEY RD. CITY-ST-ZIP NOKOMIS FL 34275 610 S. Oregon Ave Tampa Fla 33606 TITLE DST NAME SPIEGEL, CAROL STREET ADDRESS 1776 CASEY KEY RD. CITY-ST-ZIP NOKOMIS FL 34275 610 S. Oregon Ave Tampa Fla 33606 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)