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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address						
18386 CHAPEL CREEKD R BOCA RAOTN FL 33434 US	19386 CHAPEL CREEK DR BOCA RATON FL 33434 US						
2. Principal Place of Business	2a. Mailing Address						

FILED Apr 22 1998 8:00am Secretary of State

SIEGEL	_ CONSU	LTING GROUI	SOUTH, INC.						 						
Principal Plac	e of Busines	s	Mailing /	\ddress	· · · · · · · · · · · · · · · · · · ·								H vo rii rozu		
18386 CHAPE	I CREEKO R		•	HAPEL CREEK D	nD.										
BOCA RAOTN FL 33434 BOCA RATON FL 33434															
US			US					-	O Data Inca			TE IN THIS	SPACE		
									3. Date inco	•	Qualified	I.			
2, Principal P	Place of Busin	ness	2a Mailin	g Address					07/08/ 4. FEI Numb		 -			Appli	ed For
21			<u></u> ⊢¬	26						18796			-		pplicable
Sulte, Apt. #, etc.			···	Suite, Apt. #, etc.									\$8.7		
22			27						5. Certificate	e of Status D	esired			Requ	
City & Stat	6		City 8	State					6. Election (Campaign Fi	nancing		\$5.0	00 м	ay Be
23			28							d Contributi				ed to F	
Zip		Country	Zip		—	intry			8. This corp						
24	6 Name	and Address of (29 Current Registered	Anent	30	1		1	Personal 10, Name an	Property Tax			Yes Acent	Y 1	40
A:E			dirent nogistered ;	-gont		81	Name		IU, ITAITIO AII	u Audioss	JI INDIN IN	e Arerer en	Agent		
	GEL, STEP	EL CREEK DR													
	CA RATON					82	Street	Addres	ss (P.O. Box N	umber is No	t Accepta	able)			
60	OA NATON	FL 33434				83	·		·						
						84	City					FL	_ 85 Zi	ip Cod	de
11. Pursuant	to the provis	ions of Sections 60	7.0502 and 607,150 State of Florida. Suc	8, Florida Statul	es, the a	bove	-named	corpor	ration submits	this stateme	nt for the	purpose o	f changin	g its n	egistered
oπice or r agent. La	registered ag ım f am iliar wi	ith, and accept the	obligations of, Section	ch change was on 607.0505, FI	authorize orida Stal	d by tutes	the cor L	rporation	n's board of di	rectors. I he	reby acce	apt the app	ointment	as reg	gistered
SIGNATURE															-
	Signature, typed	• • • • • • • • • • • • • • • • • • • •	ared agent and tills if applica	ble (NO1		d Age	nt signatur	e required	when reinstating)			DATE			
12.	DOTO	OFFICEI	IS AND DIRECTORS	DELETE	13.	71.5		1	ADDITION	S/CHANGES	TO OFF	ICERS ANI			
	PSTD	OTENUEN I		DECETE	1.1 T(L Chang	e L	Addition
STREET ADDRESS		STEPHEN I CHAPEL CREEK	NDIVE		1.2 N	_	*******								Ī
		ATON FL	DRIVE		- 6		AOORESS								
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CITY-ST-ZIP					64 CI	11-51	I-ZIP	1							

14. 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 supplicmental 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.