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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90246 001 \*\*\*150.00

## DOCUMENT # **P94000050746**

SIEGEL CONSULTING GROUP SOUTH, INC.

Principal Place	e of Business	Mailing Address				
18386 CHAPEL		19386 CHAPEL CREEK	-			
BOCA RAOTN	FL 33434	BOCA RATON FL 3343	14		DO NOT WRITE IN THIS SPACE	
us		US			3. Date Incorporated or Qualifed	
					07/08/1994	
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For	
2. 1 (Incipart	ide of Eddiness	26			65-05 18796 Not Applicab	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	
22	<i>r</i> , <b>c</b>	27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State		· <u> </u>	6. Election Campaign Financing 55.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	Intry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	
				81 Name		
SIEGEL, STEPHEN I			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	376 CHAPEL CREEK DR			02		
BOO	A RATON FL 33434			83		
۶,				-	85 Zip Code	
			84 City FL 85 Zip Code			
SIGNATURE	Im familiar with, and accept the ob-			Agent signature required	d when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELET	1.1 T	TLE	Change Addit	
NAME	SIEGEL, STEPHEN I		1.2 N	AME		
STREET ADDRESS	19386 CHAPEL CREEK DRIV	VΕ	1.3 \$	TREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 C	ITY-ST-ZIP		
TITLE		☐ DELET	E 2.1 T	TLE	☐ Change ☐ Addit	
NAME			2.2 N	AME	,	
STREET ADDRESS	,		2.3 S	TREET ADDRESS		
CITY-ST-ZIP		<u> </u>	2.40	CITY-ST-ZIP		
TITLE		☐ DELET	E 3.1 T	ITLE.	☐ Change ☐ Addit	
NAME			3.2 N	AME ·	•	
STREET ADDRESS	(		3.3 S	TREET ADDRESS		
CiTY-ST-ZIP			3.4. 0	CITY-ST-ZIP		
TITLE		☐ DELET	E 4.1 T	ITLE	☐ Change ☐ Addit	
NAME			4.21	<b>LAME</b>		
STREET ADDRESS			4.3 \$	TREET ADDRESS		
CITY-ST-ZIP	}		4.4 C	ITY-ST-ZIP		
TITLE		☐ DELET	E 5.1 T	ITLE	☐ Change ☐ Addi	
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$	TREET ADDRESS		

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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

561-479-3939

☐ Change

Addition