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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092200 (1)

SIEMENS OCALA CORP.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Principal Place of Business Mailing Address 4800 N. FEDERAL HWY.. SUITE 202E 4800 N. FEDERAL HWY.. SUITE 202E **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0629226 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIEMENS, RICHARD 4800 N. FEDERAL HWY., SUITE 202E Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 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 Signature, typod or proted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SIEMENS, RICHARD NAME 1.2 NAME 4800 N. FEDERAL HWY., SUITE 202E STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Change ... Addition TITLE 5.1 THILE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 regoiver or trust of empoyered 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 adachment with an address.