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**

P96000081612 (9) **DOCUMENT** #

PUDER-SIEGEL MANAGEMENT CORP.

FILED May 12 1998 8:00am Secretary of State



Mailing Address Principal Place of Business **8014 ABERDEEN DRIVE** 8014 ABERDEEN DRIVE **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1996 Applied For 65-0700317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 Current Registered Agent 10. Name and Address of New Registered Agent SIMON, ERIC A 9050 PINES BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 250 83 PEMBROKE PINES FL 33024 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 Signature, typed or printed hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change **SIEGEL, STEPHEN J** 1.2 NAME NAME STREET ADDRESS **8014 ABERDEEN DRIVE** 1.3 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** 1.4 City - St - ZiP DELETE TITLE 2.1 TITLE PUDER, JODY 2.2 NAME STREET ADDRESS **8014 ABERDEEN DRIVE** 2.3 STREET ADDRESS **BOYNTON BEACH FL 33437** 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE TITLE 3.1 TATLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZWP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 fehort 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 that certify that the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in