## 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

**DOCUMENT #**1. Corporation Name P96000091972 (5)

SIEGEL NATURAL GAS CORP.

**FILED** 

Mar 11 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address			
7400 NORTHWEST 30TH AVENUE POST OFFICE BOX 5242 MIAMI FL 33147 MIAMI FL 33152			8		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					11/07/1996
		2a. Mailing Address	1		4. FEI Number Applied For
Suite, Apt.	# alo	Suite, Apt. #, etc.			65-0714472   Not Applicable
22		27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State					6. Etection Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	28   Zip	Count	rv	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
24	25 29		30	This corporation ones or has paid the current year intangone	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
NE NE	VINS, ARNOLD		8	1 Name	
1	SOUTHWEST FIRST STREET		8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)
	ITE 400				The state of the s
ļ , MI/	AMI FL 33130		8:	3	
			8-	4 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, 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.					
<b>1</b>					
SIGNATURE Signature, typed or protest name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	SIEGEL, KENAN		1.2 NAME		510 NE S6 St
STREET ADDRESS	POST OFFICE BOX 524228 MIAMI FL 33152			ET ADDRESS	Miani FL 33137
CITY-ST-ZIP TITLE	ST ST	DELETE	1.4 CITY- 2.1 TITLE		Change Addition
NAME	SIEGEL, ROBERT		2.2 NAME		7400 NW 30 Are
STREET ADDRESS	POST OFFICE BOX 524228		2.3 STREI	E1 ADDRESS	
CITY-ST-ZIP	MIAMI FL 33152		2 4 CITY	-ST-ZIP	Wiamin FL 33147
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE		☐ Change ☐ Addition
NAME		find peccie	4. 2 NAM	1	L change L Addition
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 C(TY-		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	.	
STREET ADORESS			5.3 STREE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CHY-SE-7P			■ 64 <i>€</i> 17∨-	SI. TIP	ı

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 eath; that I am an officer or director of the corporation or the receiver or trustee compowered to except 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.

**SIGNATURE:**