**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

~~1997~~ 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** P97000058722

1. Corporation Name
THE LAW OFFICE OF JACQUELINE M. ZIEGLER P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1853 NW 94TH AVE<br>CORAL SPRINGS FL<br>33071-8956 | 1853 NW 94TH AVE<br>CORAL SPRINGS FL<br>33071-8956 |

3. Date Incorporated or Qualified: 07-07-97
3a. Date of Last Report: FIRST REPORT

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1853 NW 94TH AVE. | 26 1853 NW 94TH AVE |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 CORAL SPRINGS FL | City & State<br>28 CORAL SPRINGS FL |
| Zip / Country<br>24 33071-8956 / 25 BROWARD | Zip / Country<br>29 33071-8956 / 30 BROWARD |

4. FEI Number: 65-0768848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JACQUELINE M ZIEGLER<br>1853 NW 94TH AVE<br>CORAL SPRINGS FL.<br>33071-8956 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jacqueline M Ziegler 4/24/98
Signature, typed or printed 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 | PRES. & DIRECTOR ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | JACQUELINE M. ZIEGLER | 1.2 NAME | |
| STREET ADDRESS | 1853 NW 94TH AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071-8956 | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | 100002508551 ☐ Addition |
| NAME | | 6.2 NAME | -04/29/98--01014--024 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | ***150.00 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** Jacqueline M Ziegler 4/24/98 954-344-8809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #