05051999-90096-035-$150.00-$150.00

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90096 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000058722**

1. Corporation Name
LAW OFFICES OF JACQUELINE M. ZIEGLER, P.A.

Principal Place of Business
~~1853 NW 94TH AVE~~ P.O. BOX 770487
CORAL SPRINGS FL ~~33071-8956~~
US ~~33077-0487~~

Mailing Address
~~1853 NW 94TH AVE~~ P.O. BOX 770487
CORAL SPRINGS FL ~~33071-8956~~
US 33077-0487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/03/1997

2. Principal Place of Business
21 8362-South NW 23rd Manor
22 Suite, Apt. #, etc.
23 City & State: CORAL SPRINGS FL.
24 Zip: 33065
25 Country: USA

2a. Mailing Address
26 PO BOX 770487
27 Suite, Apt. #, etc.
28 City & State: CORAL SPRINGS FL
29 Zip: 33077-0487
30 Country: USA

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ZIEGLER, JACQUELINE M ESQUIRE 8362 South NW 23
~~1853 NW 94TH AVE~~ P.O. BOX 770487 Manor
~~CORAL SPRINGS FL 33071-8956~~
CORAL SPRINGS FL. ~~33077-0487~~
33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ZIEGLER, JACQIELINE M	
STREET ADDRESS	~~1853 NW 94TH AVE~~	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33071-8956~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8362-South NW 23rd MANOR	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL ~~33077-0487~~ 33065	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

SIGNATURE: SIGNATURE REQUIRED 4/28/99 954-344-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)