**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000058005

1. Corporation Name

SIEGEL STOLTZ PROPERTIES, INC.

Principal Place of Business

712 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408 Mailing Address

712 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90138 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 06/29/1998		
2 Principal Place of Business 2a, Mailing Address					4. FEI Number	And	lied For
an 1 more at 2 and					65-0851687	<del></del>	Applicable
				<u>/;</u>	03-0031007	\$8.75 A	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.     22   Suite   So   27   Suite   Suite   Suite   So   27   Suite   Suit					5. Certifcate of Status Desired	Fee Rec	
City & State / City & State					6. Election Campaign Financing	¬ \$5.00 i	May Be
23 Boca Raton FL 28 Boca Raton 1					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible 🔍	
24 <i>334 -</i>	3/ $25$ $0.5$ $PF$	<sub>29</sub> <i>3343/</i> <sub>3</sub>	30 0-	SK <del>)</del>	Personal Property Tax.	☐ Yes 🔏	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
		<u>-                                      </u>	81	Name			
COHEN, FRED C				Stroot Add	ress (P.O. Box Number is Not Acceptable	<u> </u>	<del></del>
712 U.S. HIGHWAY ONE				Street Add	ress (F.O. Box Number is Not Acceptable	1	
NOR	TH PALM BEACH FL 33408		83				······································
						85 Zip C	
			84	City		FL 85 Zip C	Auge .
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of a familiar with, and accept the obligation	if Florida. Such change was aut	thorized by	the corporati	poration submits this statement for the pur lon's board of directors. I hereby accept the	pose of changing its in appointment as reg	registered pistered
SIGNATURE						DATE	
	Signature, typed or printed name of registered agent		<u> </u>	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		DS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition
TITLE	P/T/D	□ beceie					<b>_</b>
NAME	Ned L. Siegel	0. 150	1.2 NAME	ļ			
STREET ADDRESS	5000 Blue Lake Dr.,	Ste 150	1.3 STREE	ADDRESS			
CITY-ST-ZIP	Boca Raton, FL 3343		1.4 CITY-S	T-ZIP		П.С	☐ Addition
TITLE	VP/S/D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	Morris L. Stoltz II		2.2 NAME				
STREET ADDRESS	301 Yamato Rd., #31	01	2.3 STREE	TADDRESS			
CITY-ST-ZIP	Boca Raton, FL 3343	1	2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	T ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS		•	
CITY-ST-ZIP			4.4 CITY-S	i			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
		<b>—</b>	5.2 NAME				•
NAME CONTEST ADDRESS			1	T ADDRESS			
STREET ADDRESS			5.4 CITY-S	j j			
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition
i ilita				1			

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 an an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

-Ned.L. Siegel,

561/997-1111