

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S11195 (2)

1. Corporation Name

ELLINGSWORTH & MIEGEL, P.A.



Principal Place of Business

Mailing Address

11911 US HWY. ONE #210
#204
NORTH PALM BEACH FL 33408
US

11011 US HWY. ONE #210
#204
NORTH PALM BEACH FL 33408
US

3. Date Incorporated or Qualified
11/01/1990

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 155 Toney Penna Drive Suite, Apt. #, etc.

22 18

23 Jupiter FL

24 33458

25 USA

26 Jupiter FL

27 33458

28 USA

29 Jupiter FL

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31 USA

32 Jupiter FL

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34 USA

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36 33458

37 USA

38 Jupiter FL

39 33458

40 USA

41 Jupiter FL

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43 USA

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55 USA

56 Jupiter FL

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4. FEI Number
65-0249284

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

SCOTT R. MIEGEL, SR.
11911 US HWY. ONE #210
#204
NORTH PALM BEACH FL 33408

155 Toney Penna Drive
Suite 204
Jupiter, FL 33458

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MIEGEL, SCOTT R. SR.
STREET ADDRESS 1728 SE COLONY WAY
CITY-ST-ZIP JUPITER FL

TITLE D ☐ DELETE

NAME ELLINGSWORTH, W. HOWARD
STREET ADDRESS 1300 GLASS PINE CIR
CITY-ST-ZIP VI PALM BEACH FL

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

1.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-22-96

(407) 745-8002

Date

Daytime Phone #

CR2E034 (12/95)