## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V15919

1. Corporation Name

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90054 049 \*\*\*150.00

STEVEN	M. SIEGEL, P.A.								
Principal Flac	e of Business	Mailing Address				I HOBIT OFFICE STADE STATE SOFE, IN		/18(1 WIBH BIBH I	TION DIANTER
9138 GREAT H	ERON CIRCLE	717 EAST OAK STREET							
ORLANDO FL 32836 KISSSIMMEE FL 34774						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/21/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	polied For
21		26				65-3109813			o: Applicable
Suite, ≠ pt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional equired
22		27							
City & Stat	e	City & State				6. Efection Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Cou	untry		8. This corporation owes the curr	ent vear In		
24	25	29	30			Personal Property Tax.	y <b></b>	<b>⊠</b> Yes	□No
	9. Name and Address of Currer			$T^{-}$		10. Name and Address of New I	Registered	Agent	
		. <u> </u>		81	Name				
	krt, harry J.			82	Street Add	Iress (P.O. Box Number is Not Accept	able)		
	EAST OAK STREET								
KISS	NMMEE FL 34744			83					
				84	City			85 Zip	Code
					•	poration submits this statement for the	F <u>l</u>	<b>-</b>     `	
agent. I a	im familiar with, and accept the obligation of signature, typed or printed name of registered age	at ons of, Section 607.0505, F	ionda Stai	tutes.	•	ion's board of directors. I hereby acce	DATE		
12.		(I) DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS 4	ND DIRECTO	ORS IN 12
TITLE	PST	☐ DELETE	117	ITLE				Change	Addition
NAME	SIEGEL, STEVEN M		1.2 N	IAME					
STREET ADDRESS	9138 GREAT HERON CIR			U OUIL					
CITY-ST-ZIP			1.3 S		ADORESS				
	ORLANDO FL 32836								
TITLE	ORLANDO FL 32836	DELETE		TREET				☐ Change	Addition
NAME	ORLANDO FL 32836	[] DELETÉ	1.4 C 2.1 T 2.2 N	TREET CITY-ST TILE LAME	r-ZIP			☐ Change	Addition
		DELETE	1.4 C 2.1 T 2.2 N 2.3 S	TREET OTY-ST OTLE HAME STREET	ADDRESS			☐ Change	Addition
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate 1 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 pectiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, so on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR