

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 657995 (7)
1. Corporation Name
SLIGER & ASSOCIATES, INC.



Principal Place of Business: **3921 S NOVA RD. PORT ORANGE FL 32127**
Mailing Address: **3921 S NOVA RD. PORT ORANGE FL 32127**

3. Date Incorporated or Qualified: **03/05/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1976051**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21. Sute, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Sute, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Sute, Apt. #, etc.
30. City & State
31. Zip
32. Country

9. Name and Address of Current Registered Agent
**SLIGER, GUS A., III
3921 S. NOVA RD.
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent
8. Name: **SLIGER, STEPHEN B.**
82. Street Address (P.O. Box Number is Not Acceptable): **3921 S. NOVA ROAD**
83. City: **PORT ORANGE FL 32127**
84. City: **PORT ORANGE FL 32127**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* **STEPHEN B. SLIGER** DATE: **4/23/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SLIGER, GUS A., III	
STREET ADDRESS	3921 S NOVA ROAD	
CITY - ST - ZIP	PORT ORANGE FL 32127	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ZAPERT, JOSEPH E.	
STREET ADDRESS	3051 S ATLANTIC AVE	
CITY - ST - ZIP	DAYTONA BCH. FL 32118	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SLIGER, STEPHEN B.	
1.3 STREET ADDRESS	3921 S. NOVA ROAD	
1.4 CITY - ST - ZIP	PORT ORANGE FL 32127	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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]* **STEPHEN B. SLIGER** DATE: **4/23/96** (904) 761-5385

CR2E034 (12/95)