

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

FILED
May 23 1997 8:00am
Secretary of State

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, 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 32127-4910 |
|---|--|

| | |
|---|---|
| 3. Date Incorporated or Qualified 03/05/1990 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 59-1976051 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

10. Name and Address of New Registered Agent
 81 Name **Stephen B. Sliger**
 82 Street Address (P.O. Box Number is Not Acceptable)
1426 Weston Woods Boulevard
 83 **Orlando, FL**
 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]* **STEPHEN B. SLIGER, PRES.** DATE: **5/19/97**

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|----------------------------|--|
| TITLE | PSTD | <input checked="" type="checkbox"/> DELETE |
| NAME | SLIGER, GUS A., III | |
| STREET ADDRESS | 3921 S NOVA ROAD | |
| CITY - ST - ZIP | PORT ORANGE FL | |
| 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 | | Change | Addition |
|---|------------------------------------|--------------------------|--------------------------|
| 1.1 TITLE | PSTD | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | Stephen B. Sliger | | |
| 1.3 STREET ADDRESS | 1426 Weston Woods Boulevard | | |
| 1.4 CITY - ST - ZIP | Orlando, FL | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |

14. I do 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 included 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]* **STEPHEN B. SLIGER** DATE: **4/24/97** DAYTIME PHONE: **904-761-5385**

CR2E034 (9/96)