

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 # 524647

1-29-96 B (5) 0424 C

1. Corporation Name
E. W. SIVER AND ASSOCIATES, INC.



Principal Place of Business: 9400 FOURTH ST. N. P.O. BOX 21343 ST. PETERSBURG FL 33702
Mailing Address: 9400 FOURTH ST. N. P.O. BOX 21343 ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified 01/28/1977	3a. Date of Last Report 01/13/1995
4. FEI Number 59-1712226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, RICHARD W.
150 2ND AVE N. STE 1500
ST. PETERSBURG FL 33701**

81. Name Richard O. Jacobs
82. Street Address (P.O. Box Number is Not Acceptable) 13577 Feather Sound Drive
83. Suite, Apt. #, etc. Suite 300
84. City Clearwater
85. Zip Code FL 34622-5547

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: **Richard O. Jacobs, Esquire**
Signature, typed or printed name of registered agent and time if applicable

1/17/96
DATE

(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SIVER, EDWARD W	
STREET ADDRESS	9400 4TH ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARSHALL, JAMES JR	
STREET ADDRESS	9400 4TH ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIVER, ROBERT I	
STREET ADDRESS	114 GIRALDA BLVD. N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARNHILL, STEPHANIE	
STREET ADDRESS	9400 4TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MC BURNEY, ROBERT F.	
STREET ADDRESS	9400 4TH ST., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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:

1/17/96 (813) 577-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)