

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

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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 524647 (5)
 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 33702-2531
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/28/1977	3a. Date of Last Report 01/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1712226	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARD O. JACOBS 13577 FEATHER SOUND DRIVE SUITE 300 CLEARWATER FL 34622	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (signed in error)
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIVER, EDWARD W	1.2 NAME	
STREET ADDRESS	9400 4TH ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	33702
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, JAMES JR	2.2 NAME	
STREET ADDRESS	9400 4TH ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	33702
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIVER, ROBERT I	3.2 NAME	
STREET ADDRESS	114 GIRALDA BLVD. N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	33702
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHILL, STEPHANIE	4.2 NAME	SECRETARY
STREET ADDRESS	9400 4TH ST. N.	4.3 STREET ADDRESS	CORNILLAUD, JEAN A.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	9400 4th Street N St. Petersburg, FL 33702
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC BURNEY, ROBERT F.	5.2 NAME	
STREET ADDRESS	9400 4TH ST., N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	33702
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, signed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Edward W. Siver, President** DATE: **2/25/97** (813) 577-2780
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)