

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

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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F94000003842 (1)**

1. Corporation Name
SLAVIK SUITES, INC.



Principal Place of Business
**32605 W. 12 MILE RD.
SUITE 350
FARMINGTON HILLS MI 48334**

Mailing Address
**32605 W. 12 MILE RD.
SUITE 350
FARMINGTON HILLS MI 48334-3340**

3. Date Incorporated or Qualified 07/22/1994	3a. Date of Last Report 04/19/1996
4. FEI Number 38-2826614	Applied For <input 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 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SOBLE, JAMES B
401 E. JACKSON ST.
2700 LANDMARK CENTRE
TAMPA FL 33602-5226**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 of officer or director of corporation or 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVIK, STEPHAN F SR	1.2 NAME	
STREET ADDRESS	32605 W. 12 MILE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FARMINGTON HILLS MI 48334	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIA, DEL J	2.2 NAME	
STREET ADDRESS	32605 W. 12 MILE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FARMINGTON HILLS MI 48334	2.4 CITY - ST - ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVIK, J. RONALD	3.2 NAME	
STREET ADDRESS	32605 W. 12 MILE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FARMINGTON HILLS MI 48334	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Wolman, Len
STREET ADDRESS		4.3 STREET ADDRESS	914 Hartford Turnpike
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Waterford, CT 06385
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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, if applicable, or on an attachment with an address.

SIGNATURE:

Del J. Lauria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

810-488-5520

CR2E034 (9/96)