FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 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 # **H39520** **(2)**

1. Corporation Name
SIPRAK & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O NICK N. SIPRAK 838 SUGAR HOUSE DR. PORT ORANGE FL 32119	C/O NICK N. SIPRAK 838 SUGAR HOUSE DR. PORT ORANGE FL 32119-7619

3. Date Incorporated or Qualified: 01/24/1985
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business	2a. Mailing Address
21 840 SUGAR HOUSE DR	26 840 SUGAR HOUSE DR
Suite, Apt. #, etc. 22 PORT ORANGE FL	Suite, Apt. #, etc. 27 PORT ORANGE FL
City & State 23 32119-7619	City & State 28 32119-7619
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2582478 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SPIRAK, NICK N.
838 SUGAR HOUSE DR.
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name: SIPRAK NICK
82 Street Address (P.O. Box Number is Not Acceptable)
83: 840 SUGAR HOUSE DR.
84 City: PORT ORANGE FL 85 Zip Code: 32119-7619

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIPRAK, ERIKA 838 SUGAR HOUSE DR. PORT ORANGE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SIPRAK ERIKA 840 SUGAR HOUSE DR. PORT ORANGE, FL 32119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WEILL, MARK 1704 WESTMINSTER WAY ANNAPOLIS MD	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIPRAK, NICK 838 SUGAR HOUSE DR. PORT ORANGE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SIPRAK NICK 840 SUGAR HOUSE DR. PORT ORANGE, FL 32119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 changed or on an attachment with an address.

SIGNATURE: NICK SIPRAK PRESIDENT 17-APR-97 904 761-6312