

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J94035 (9)

1. Corporation Name
NAJGER AND ASSOCIATES, INC.



Principal Place of Business: % WILLIAM NAJGER, 240 PROVINCIAL DR, INDIALANTIC FL 32903
Mailing Address: % WILLIAM NAJGER, 240 PROVINCIAL DR, INDIALANTIC FL 32903

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 09/24/1987
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-2844967
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent: NAJGER, WILLIAM, 240 PROVINCIAL DR, INDIALANTIC FL 32903
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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] (NOTE: Big Street Agent signature required when registering) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|-------------------------|
| TITLE | D NAJGER, SHARON 240 PROVINCIAL DR INDIALANTIC FL [] DELETE | 1.1 TITLE | [] Change [] Addition |
| NAME | NAJGER, SHARON | 1.2 NAME | |
| STREET ADDRESS | 240 PROVINCIAL DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC FL | 1.4 CITY-ST-ZIP | |
| TITLE | D NAJGER, WILLIAM 240 PROVINCIAL DR INDIALANTIC FL [] DELETE | 2.1 TITLE | [] Change [] Addition |
| NAME | NAJGER, WILLIAM | 2.2 NAME | |
| STREET ADDRESS | 240 PROVINCIAL DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC FL | 2.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 3.1 TITLE | [] Change [] Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 4.1 TITLE | [] Change [] Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 5.1 TITLE | [] Change [] Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | [] DELETE | 6.1 TITLE | [] Change [] 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 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: [Signature] 3/15/96 407-777-7793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)