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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(a)

**FILED** Jan 20 1998 8:00am Secretary of State

1. Corporation NAJGE	ER AND ASSOCIATES, IN	<b>\</b> /	:	( 1881)   1 4(18   181)   6(8)   64(18   181)   6(18   181)   6(18   181)	ige miðik miðik meðit lægt
			•		
Principal Plac	ce of Business	Mailing Address	Ĭ.		INIA BIBIN DANIK DINAN ABUT
% WILLIAM NAJGER 240 PROVINICAL DR INDIALANTIC FL 32903  **WILLIAM NAJGER 240 PROVINICAL DR INDIALANTIC FL 32903			÷	DO NOT WRITE IN THIS SP	ACE
INDIALANTIC	, FL 32903	INDIALANTIC FL 32903	-	3. Date Incorporated or Qualified	
				09/24/1987	
2. Principal F	Place of Business	2a. Mailing Address	7	4. FEI Number	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·	59-2844967	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	Ī.	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25		30	,	Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Ag	ent
	AJGER, WILLIAM		*  81 Name		
24	10 PROVINCIAL DR		82 Street Add	ress (P.O. Box Number is Not Acceptable)	·
IN	DIALANTIC FL 32903			. <u></u>	
			83		
			84 City		85 Zip Code
				FL ]	
office or agent. I a			thorized by the corporal ida Statutes.	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin	ntment as registered
	Signature, typed or printed name of registered		Registered Agent signature requi		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	D D	☐ DELETE	1,1 TITLE	L	J 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		1
TITLE	D	DELETE	2.1 TITLE	L	Change Addition
NAME	NAJGER, WILLIAM		2.2 NAME		
STREET ADDRESS	240 PRIVINCIAL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		2. 4 CITY - ST-ZIP	·et	150 1100
TITLE	1	☐ DELETE	3,1 TITLE	L	Change Addition
NAME			3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		180
TITLE		☐ DELETE	4,1 TITLE	<u>L</u>	Change Addition
NAME	}		4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			5		
TITLE	1		4.4 CITY-ST-ZIP	<del></del>	
NAME	1	DELETE	5.1 TITLE	Ę	Change Addition
7 W 1177 E		DELETE			Change Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE		Change Addition
			5.1 TITLE 5.2 NAME		
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition  Change Addition
STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		

SIGNATURE: