

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90017 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1987
4. FEI Number 59-2844967
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 owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent
81 Name SHARON NAJGER
82 Street Address (P.O. Box Number is Not Acceptable)
83 240 PROVINCIAL DRIVE
84 City INDIANLANTIC FL 85 Zip Code 32903

DOCUMENT # J94035
1. Corporation Name NAJGER AND ASSOCIATES, INC.

Principal Place of Business % WILLIAM NAJGER 240 PROVINCIAL DR INDIANLANTIC FL 32903
Mailing Address % WILLIAM NAJGER 240 PROVINCIAL DR INDIANLANTIC FL 32903

2. Principal Place of Business
2a. Mailing Address
26
27
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9. Name and Address of Current Registered Agent
NAJGER, WILLIAM
240 PROVINCIAL DR
INDIANLANTIC FL 32903

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 Sharon Najger Pres 1/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, City-ST-ZIP for multiple individuals.

14. I 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, with all other like empowered.

SIGNATURE: Sharon Najger Pres 1/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)