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

Daytime Phone #

DOCUMENT # J94035

SIGNATURE:

NAJGER AND ASSOCIATES, INC.

Principal Place	of Rusiness	Mailing Address		1
Principal Place of Business		% WILLIAM NAJGER		
% WILLIAM NAJGER 240 Provinical Dr		240 PROVINICAL DR		
INDIALANTIC FL 32903		INDIALANTIC FL 32903		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 09/24/1987
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
		26		59-2844967 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
' Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
!	25	29	30	Personal Property Tax.
•	9. Name and Address of Curren	nt Registered Agent	} .	10. Name and Address of New Registered Agent
NAJGER, WILLIAM				JAAKON NAJUER
240 PROVINCIAL DR 82 Street Address (P.O. Box Number is Not Acc				et Address (P.O. Box Number is Not Acceptable)
INDIALANTIC FL 32903			83	240 PROVINCIAL DRIVE
			84 City	$O(414.710$ FL 85 $^{2jo}C_{3}^{Cade}$ 903
44 Discussions	to the exercisions of Sections 607 050	2 and 607 1508 Florida Stat	utes the above-name	ad corporation submits this statement for the numose of changing its registered
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				
agent. I ar	n familiar with, and accept the obligat	itions of, Section 607,0505, F	norida Statutes	1/2/66
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	•	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NAJGER, SHARON		1.2 NAME	
STREET ADDRESS	240 PROVINCIAL DR		1.3 STREET ADDRES	ss
CITY-ST-ZIP	INDIALANTIC FL	、ノ	1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NAJGER, WILLIAM		2.2 NAME	
STREET ADDRESS	240 PRIVINCIAL DR		2.3 STREET ADDRES	.
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 ADDRE	SS
CITY-ST-ZIP		□ a.a. e.e.	3.4. CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	SS
CITY-ST-ZIP		□ nei Ete	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	J. Grange C. J. Galacii
NAME			5.3 STREET ADDRES	282
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	Change Addition
TITLE		ا عاداد ا	6.2 NAME	
NAME			6.3 STREET ADDRE	.
STREET ADDRESS			6.4 CITY-ST-ZIP	
CITY-ST-ZIP (ertify that the information supplied wi	ith this filing does not qualify	for the exemption sta	ted 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.				