

**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 # **J94263 (7)**  
1. Corporation Name  
**3925 SOUTH DEVELOPMENT CORP.**



Principal Place of Business Mailing Address  
**3921 SOUTH NOVA RD. PORT ORANGE FL 32127**      **3921 SOUTH NOVA RD. PORT ORANGE FL 32127**

3. Date Incorporated or Qualified **09/21/1987**      3a. Date of Last Report **05/10/1995**  
4. FEI Number **59-2859202**      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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

**9. Name and Address of Current Registered Agent**

**SLIGER, GUS A.  
3921 S. NOVA RD.  
PORT ORANGE FL 32019**

**10. Name and Address of New Registered Agent**

81. Name **Stephen B. Sliger**  
82. Street Address (P.O. Box Number is Not Acceptable) **3921 South Nova Road**  
83.   
84. City **Port Orange**      FL      85. Zip Code **32127**

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]* **Stephen B. Sliger**      DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SLIGER, GUS A.	
STREET ADDRESS	3921 S. NOVA RD.	
CITY- ST- ZIP	PORT ORANGE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SLIGER, STEPHEN B.	
STREET ADDRESS	POST OFFICE BOX 681993	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VST
2.3 STREET ADDRESS	Stephen B. Sliger
2.4 CITY- ST- ZIP	3921 South Nova Road Port Orange, Fl 32127
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]*      DATE:      Daytime Phone #

CR2E034 (12/95)