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May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L33729 (9)

1. Corporation Name:  
MICHAEL A. SLIVKA, P.A.



Principal Place of Business: SUITE 210, BARNETT BANK BUILDING, 1625 N COMMERCE PKWY, FT. LAUDERDALE FL 33326

Mailing Address: SUITE 210, BARNETT BANK BUILDING, 1625 N COMMERCE PKWY, FT. LAUDERDALE FL 33326-3206

3. Date Incorporated or Qualified: 12/04/1989  
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9000 Sheridan St.	26 9000 Sheridan Street	65-0165859	Not Applicable
22 Suite, Apt #, etc. Suite 114	27 Suite, Apt #, etc. Suite 114	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Pembroke Pines FL	28 Pembroke Pines FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 33024-8801 Country USA	29 Zip 33024-8801 Country USA	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SLIVKA, MICHAEL A. 1625 N COMMERCE PKWY STE 210 FT. LAUDERDALE FL 33326		81 Name	Michael A. Slivka
		82 Street Address (P.O. Box Number if Not Acceptable)	9000 Sheridan St. S. 114
		83	
		84 City	Pembroke Pines FL
		85 Zip Code	33024

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIVKA, MICHAEL A.	1.2 NAME	See above
STREET ADDRESS	1625 N COMMERCE PKWY #210	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33326	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Michael A. Slivka Michael A. Slivka 4/24/97 (954) 438-5683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)