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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		
2. Principal Place of Business 21 9000 Sheridan St. Suite, Apt. #, etc. 22 Suite 114 City & State 23 Pembroke Pines FL Zip 24 33024-8801 Country 25 USA		2a. Mailing Address 26 9000 Sheridan Street Suite, Apt. #, etc. 27 Suite 114 City & State 28 Pembroke Pines FL Zip 29 33024-8801 Country 30 USA		3. Date Incorporated or Qualified 12/04/1989	
9. Name and Address of Current Registered Agent SLIVKA, MICHAEL A. 1625 N COMMERCE PKWY STE 210 FT. LAUDERDALE FL 33326		10. Name and Address of New Registered Agent 81 Name Michael A. Slivka 82 Street Address (P.O. Box Number is Not Acceptable) 9000 Sheridan St. Suite 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 4/24/97 (954) 438-5683					



CR2E034 (9/96)