

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L33729 (9)**

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



Principal Place of Business <b>9000 SHERIDAN ST                  STE 114                  PEMBROKE PINES FL 33024-8801                  US</b>	Mailing Address <b>9000 SHERIDAN ST                  STE 114                  PEMBROKE PINES FL 33024-8801                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/04/1989**

2. Principal Place of Business 21 <b>5722 South Flamingo Rd</b> Suite, Apt. #, etc. <b>Suite 314</b> City & State <b>Cooper City FL</b> Zip <b>33330</b> Country <b>USA</b>	2a. Mailing Address 26 <b>5722 South Flamingo Rd.</b> Suite, Apt. #, etc. <b>Suite 314</b> City & State <b>Cooper City FL</b> Zip <b>33330</b> Country <b>USA</b>
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4. FEI Number <b>65-0165859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SLIVKA, MICHAEL A.  
 9000 SHERIDAN ST  
 PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name <b>Michael A. Slivka</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10827 Charleston Place</b>
83
84 City <b>Cooper City</b> <b>FL</b> 85 Zip Code <b>33326</b>

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 *Michael A. Slivka* **4/19/98**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b> <input type="checkbox"/> DELETE
NAME	<b>SLIVKA, MICHAEL A.</b>
STREET ADDRESS	<b>9000 SHERIDAN ST, STE 114</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
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	
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	<b>PTD Michael A. Slivka</b>
1.3 STREET ADDRESS	<b>5722 South Flamingo Rd. Suite 314</b>
1.4 CITY-ST-ZIP	<b>Cooper City, FL 33330</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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* **4/19/98** **(954) 432-5183**

CR2E034 (10/97)