

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

05-412K

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90141 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22370
 1. Corporation Name
SLOKE ASSOCIATES, INC.



Principal Place of Business P.O. BOX 7665 MOBILE AL 36670-7665	Mailing Address P.O. BOX 7665 MOBILE AL 36670-7665
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a Mailing Address	3. Date Incorporated or Qualified 12/30/1988
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0804668
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip Country	29 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CHAIRES, GREGORY A
6988 AZUSA ROAD
TALLAHASSEE FL 32311
Change of Address only

10. Name and Address of New Registered Agent

81 Name **GREGORY A. CHAIRES**
 82 Street Address (P.O. Box Number is Not Acceptable)
111 N. ORANGE AVE.
 83 **STE 900**
 84 City **ORLANDO** FL 85 Zip Code **32801**

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 _____ (NOTE: Registering Agent signature required when transacting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLOKE, JOHN M.	
STREET ADDRESS	1951 SPRINGHILL AVE	
CITY-ST-ZIP	MOBILE AL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SLOKE, ANGELA P.	
STREET ADDRESS	1951 SPRINGHILL AVE	
CITY-ST-ZIP	MOBILE AL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PIERCE, BLANCHE R.	
STREET ADDRESS	114 BARATARA DR.	
CITY-ST-ZIP	CHICKASAW AL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered

SIGNATURE: *John M. Sloke* 3/15/99 (334) 473-3682
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)