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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90024 020 \*\*\*150.00

## DOCUMENT # **V32619**

1. Corporation Name

DAVID W. SLIGER, INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,
ST. PETERSBURG FL 33714 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed Q4/27/1992  2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc
US    DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualifed O4/27/1992  2. Principal Place of Business  2a. Mailing Address  2b. Suite, Apt. #, etc.  2c. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. City & State  2d. City & State  2d. City & State  2d. Country  2d. Country  2d. Country  2d. Suite, Apt. #, etc.  2d. Country  2d. Country  2d. Suite, Apt. #, etc.  2d. Country  2d. Country  2d. Country  2d. Suite, Apt. #, etc.  2d. Country  2d. Country  2d. Suite, Apt. #, etc.  3d. Trust Fund Contribution  3d. Added to Ference and Address of Current year Intangible Personal Property Tax.  3d. Name  3d. Suite, Apt. #, etc.  3d. Name  4d. City  4d. City  5d. Country  4d. Name and Address of New Registered Agent  4d. Name  5d. Street Address (P.O. Box Number is Not Acceptable)  4d. City  4d. Ci
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 59-3124313 5. Not Applied 59-3124313 5. Certificate of Status Desired 5
2. Principal Place of Business 2. Mailing Address 59-3124313 50 Not Apr 59-3124313 50 No
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  8. This corporation owes the current year Intangible  Personal Property Tax.  Ves  Nome  9. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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 regist 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 registe 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  NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.
State   City & State   Country   Zip   Country   R. This corporation owes the current year Intangible   Personal Property Tax.   Yes   Name and Address of Current Registered Agent   Name   SUGER, LARRY A.   G627 STEWART AVENUE   ST. PETERSBURG FL 33702   83   Street Address (P.O. Box Number is Not Acceptable)   Street Address
City & State    City & State
Trust Fund Contribution Added to Fermal Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  SUGER, LARRY A. 6627 STEWART AVENUE ST. PETERSBURG FL 33702  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 regist 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 registe 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 1
Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No.  9. Name and Address of Current Registered Agent  SUGER, LARRY A. 6627 STEWART AVENUE ST. PETERSBURG FL 33702  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Experiment 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 regist 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 registed 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
29 30 Personal Property Tax. Yes N  9. Name and Address of Current Registered Agent  SLIGER, LARRY A. 6627 STEWART AVENUE ST. PETERSBURG FL 33702  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Et Value
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NAME SLIGER, DAVID W. 12 NAME
STREET ADDRESS 4703 22ND ST N 1.3 STREET ADDRESS
CITY-ST-ZIP ST. PETERSBURG FL 1.4 CITY-ST-ZIP
TITLE   DELETE 2.1 TITLE   Change
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### DELETE 3.1 ####
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TITLE         DELETE         3.1 TITLE         Change         Change           NAME         32 NAME         STREET ADDRESS         CITY-ST-ZIP         CTY-ST-ZIP         TITLE         DELETE         4.1 TITLE         Change         Change         CNAME
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DELETE   DELETE   3.1 TITLE   Change   NAME   STREET ADDRESS   SACITY-ST-ZIP   DELETE   4.1 TITLE   Change   Change   TITLE   Change   C
TITLE

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 supplementar 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 on the receiver of 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. CITY-ST-ZIP

**SIGNATURE:**