

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 231522 (4)

1. Corporation Name
SLACK & JOHNSTON, INC.



Principal Place of Business 1570 MADRUGA AVENUE SUITE 403 CORAL GABLES FL 33146	Mailing Address 1570 MADRUGA AVENUE SUITE 403 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7300 N. KENDALL DR. Suite, Apt. #, etc. 22 SUITE 520 City & State 23 MIAMI, FL Zip 33156 Country USA		2a. Mailing Address 26 7300 N. KENDALL DR. Suite, Apt. #, etc. 27 SUITE 520 City & State 28 MIAMI, FL Zip 33156 Country USA		3. Date Incorporated or Qualified 12/29/1959	
24 FE		25 USA		29 FE	
29 FE		30 USA		4. FEI Number 59-0881523 Applied For Not Applicable	
29 FE		30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 FE		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 FE		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLACK, SUE BARRETT 1570 MADRUGA AVENUE SUITE 403 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 7300 N. KENDALL DR.			
83 SUITE 520				84 City MIAMI FL 85 Zip Code 33156			

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: *Sue Barrett Slack* **SUE BARRETT SLACK, President 2/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLACK, SUE BARRETT	1.2 NAME	
STREET ADDRESS	1570 MADRUGA, STE 403	1.3 STREET ADDRESS	7300 N. KENDALL DR., SUITE 520
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VDSY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, L GLENN	2.2 NAME	
STREET ADDRESS	7840 SW 168 STREET	2.3 STREET ADDRESS	7300 N. KENDALL DR., SUITE 520
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE		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		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		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		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 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: *Sue Barrett Slack* **2/16/98 (305)670-2111**

CR2E034 (10/97)