

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1995



OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

DOCUMENT # **H25380**

(7)

MAY 10 AM 10:25

**SLD CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1472 S. DIXIE HIGHWAY EAST  
POMPANO BEACH FL 33060

1472 S. DIXIE HIGHWAY EAST  
POMPANO BEACH FL 33060

EXPIRATION DATE IN THIS SPACE

|                                                                      |                                                                     |
|----------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date of Incorporation (or Date of Conversion)                     | 3a. Date of Last Meeting                                            |
| 10/15/1984                                                           | 05/11/1994                                                          |
| 4. FIC Number                                                        | Applied For                                                         |
| 59-2464735                                                           | Not Applicable                                                      |
| 5. Certificate of Status Desired                                     | \$8.75 Additional Fee Required                                      |
| 6. Election Campaign Financing Trust Fund Contributions              | \$5.00 May Be Added to Fees                                         |
| 8. This corporation has liability for delinquent taxes under 1994 FC | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|                             |                             |
|-----------------------------|-----------------------------|
| 2. Principal Office Address | 2a. Mailed Address          |
| 21. 1490-B So. Dixie Hwy E. | 26. 1490-B So. Dixie Hwy E. |
| 22. City & State            | 27. City & State            |
| 23. Pompano Bch, Fla.       | 28. Pompano Bch, Fla.       |
| 24. 33060                   | 29. 33060                   |
| 25. Zip                     | 30. Zip                     |

|                                                           |                                                            |
|-----------------------------------------------------------|------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent           | 10. Name and Address of New Registered Agent               |
| SCHLOSS, DANIEL M.<br>6710 NW 6TH ST.<br>MARGATE FL 33063 | 81. Name                                                   |
|                                                           | 82. Street Address (or P.O. Box Number or Post Office Box) |
|                                                           | 83. City & State                                           |
|                                                           | 84. Zip                                                    |
|                                                           | 85. Zip Code                                               |

11. Pursuant to the provisions of Sections 601.01(1)(b) and 601.01(1)(c), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby certify that the appointment of registered agent is in compliance with the provisions of Sections 601.01(1)(b) and 601.01(1)(c), Florida Statutes.

|                                                                   |                                                               |
|-------------------------------------------------------------------|---------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                        | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS              |
| NAME<br>DP<br>SCHLOSS, DANIEL M.<br>6710 NW 6TH ST.<br>MARGATE FL | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME<br>D<br>SCHLOSS, LINDA J.<br>6710 NW 6TH ST.<br>MARGATE FL   | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |
| NAME                                                              | 14. NAME<br>15. STREET ADDRESS<br>16. CITY & STATE<br>17. ZIP |

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to act as a registered agent for the corporation. I further certify that the information supplied on this annual report or supplemental annual report is true and accurate, and that any supplemental information is true and accurate. I further certify that the information supplied on this annual report or supplemental annual report is true and accurate, and that any supplemental information is true and accurate.

SIGNATURE: *Linda Schloss* LINDA Schloss 5-5-95 305-941-8343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

