

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K08376** (1)
1. Corporation Name
THE SLATTERY CORPORATION

Principal Place of Business
8355 NW 53 ST
#100
MIAMI FL 33166
US

Mailing Address
C/O GEORGE B. SLATTERY
8355 NW 53 ST. #100
MIAMI FL 33166
US

2. Principal Place of Business
21 **8525 NW 53 TER**
Suite, Apt. #, etc.
22 **#100**
City & State
23 **MIAMI FL**
Zip
24 **33166** Country
25 **USA**

2a. Mailing Address
26 **8525 NW 53 TER**
Suite, Apt. #, etc.
27 **#100**
City & State
28 **MIAMI FL**
Zip
29 **33166** Country
30 **USA**

3. Date Incorporated or Qualified
12/22/1987

3a. Date of Last Report
06/14/1994

4. FEI Number
65-0075957

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SLATTERY, GEORGE B.
8355 N.W. 53RD STREET
SUITE 100
MIAMI FL 33166**

10. Name and Address of New Registered Agent
81 Name **SLATTERY, GEORGE**
82 Street Address (P.O. Box Number is Not Acceptable)
8525 NW 53 TER #100
83
84 City **MIAMI** FL 85 Zip Code **33166**

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: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLATTERY, GEORGE B.
STREET ADDRESS	8355 N.W. 53RD ST.
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	SLATTERY, GEORGE B.
STREET ADDRESS	8355 N.W. 53RD ST.
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	SLATTERY, LYDIA MAS
STREET ADDRESS	8355 NW 53 ST., #100
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 067, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *GB Slattery* 4/6/95
SIGNING OFFICER OR DIRECTOR Date

APPROVED AND FILED
95 APR 27 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.