

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000003823 (8)

1. Corporation Name

SL ACQUIRING COMPANY
DBA LINTON TRUSS CORPORATION

N/C 2/28/96 PKB



Principal Place of Business

Mailing Address

C/O SELDAN A. LAZAROW
19921 BOCA WEST DRIVE
BOCA RATON FL 33434

C/O SELDAN A. LAZAROW
19921 BOCA WEST DRIVE
BOCA RATON FL 33434

2. Principal Place of Business
21 1455 SW 4th AVENUE
Suite, Apt. #, etc.
22
City & State
23 DELRAY BEACH FL
Zip
24 33444 Country
25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified 01/13/1995
3a. Date of Last Report JAN 1995
4. FEI Number 65-0546481 Applied For Not Applicable
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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORANTE, THOMAS F.
20 S. BIGCAYNE BLVD.
SUITE 3750
MIAMI FL

81 Name SELDAN A. LAZAROW
82 Street Address (P.O. Box Number is Not Acceptable) 19221 BOCA WEST DRIVE
83 UNIT 3181
84 City BOCA RATON FL 85 Zip Code 33434

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 *Seldan A. Lazarow*

SELDAN A LAZAROW, PRES

2/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | D P C S T | <input type="checkbox"/> DELETE |
| NAME | LAZAROW, SELDAN A | |
| STREET ADDRESS | 19921 BOCA WEST DRIVE | |
| CITY - ST - ZIP | BOCA RATON FL 33434 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ROBERT B NICKLIN | |
| STREET ADDRESS | 1455 SW 4th AVE | |
| CITY - ST - ZIP | DELRAY BEACH FL 33444 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NORMAN FEINTUCK | |
| STREET ADDRESS | 4751 BOCAIRE BOULEVARD | |
| CITY - ST - ZIP | BOCA RATON FL 33487 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ANDY CLAPP | |
| STREET ADDRESS | C/O 150 FEDERAL STREET | |
| CITY - ST - ZIP | BOSTON, MA 02110 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROBERT A. COMEY | |
| STREET ADDRESS | C/O 101 SECOND STREET SE | |
| CITY - ST - ZIP | CEDAR RAPIDS, IOWA 52401 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHN RITTER | |
| STREET ADDRESS | C/O 100 PEARL STREET | |
| CITY - ST - ZIP | HARTFORD, CT 06103 | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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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)(k), 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: *Seldan A. Lazarow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Yr Day/Mo/Yr Phone #

CR2E034 (12/95)