

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

002089

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90142 037 ***150.00

DOCUMENT # G89788

1. Corporation Name S.L.A.W., INC.



Principal Place of Business 3211 MOODY ROAD ORANGE PARK FL 32065-6808
Mailing Address 3211 MOODY ROAD ORANGE PARK FL 32065-6808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2436440	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LESAGE, LINDA Y. 3211 MOODY ROAD ORANGE PARK FL 32073				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LESAGE, LINDA Y.			1.2 NAME			
STREET ADDRESS	357 GLEN LYON STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LESAGE, STEVEN C.			2.2 NAME			
STREET ADDRESS	357 GLEN LYON STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	William Lesage		
STREET ADDRESS				3.3 STREET ADDRESS	3185 Star Bright Ct.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Middleburg, FL 32068		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Angela Lesage		
STREET ADDRESS				4.3 STREET ADDRESS	357 Glenlyon St.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Orange Park, FL 32073		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Tina Teschendorf		
STREET ADDRESS				5.3 STREET ADDRESS	3529 Trailridge Rd.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Middleburg, FL 32068		
TITLE		<input type="checkbox"/> DELETE		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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 3/18/99 Date 904-265-7281 Daytime Phone #

CR2E034 (11/98)