

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 292857 (0)**

1. Corporation Name  
**CERTIFIED SLINGS, INC.**



Principal Place of Business 4200 S. U.S. HWY. 17-82 P.O. BOX 180127 CASSELBERRY FL 32718-127 US	Mailing Address 4200 S. U.S. HWY. 17-82 P.O. BOX 180127 CASSELBERRY FL 32718-0127 US
---	--

2. Principal Place of Business 21 310 MELODY LANE Suite, Apt #, etc. 22 P.O. BOX 180127 City & State 23 CASSELBERRY, FL Zip 24 32707 Country 25 USA	2a. Mailing Address 26 P.O. BOX 180127 Suite, Apt #, etc. 27 City & State 28 CASSELBERRY, FL Zip 29 32718-0127 Country 30 USA
--	--

3. Date Incorporated or Qualified 05/12/1965	3a. Date of Last Report 05/01/1996
4. FEI Number 59-8064798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALL, SHIRLEY 4200 SOUTH HIGHWAY 17-82 CASSELBERRY FL 32707	10. Name and Address of New Registered Agent 81 Name SHIRLEY E. WALL 82 Street Address (P.O. Box Number is Not Acceptable) 310 MELODY LANE 83 84 City CASSELBERRY FL 85 Zip Code 32707
--	--

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: *Shirley E. Wall* Shirley E. Wall, Vice President April 28, 1997

Signature, typed or printed, name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSWICK, RONALD J	1.2 NAME	
STREET ADDRESS	1212 N. PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENHART, DENNIS W.	2.2 NAME	
STREET ADDRESS	427 CORNWALL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, SHIRLEY E	3.2 NAME	
STREET ADDRESS	28402 TAMMI DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSWICK, DOLORES M	4.2 NAME	
STREET ADDRESS	1212 N. PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WARREN H.	5.2 NAME	
STREET ADDRESS	1311 HARBOUR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSICK, DOUGLAS J	6.2 NAME	
STREET ADDRESS	1625 GOLFSIDE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	

14. I do 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: *Shirley E. Wall* Shirley E. Wall 4/28/97 (407) 331-5542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)