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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	996	1997	DIVISION OF C	CORPORA	TIONS				
DOCUN i. Comporation I	MENT # 4266	52	(4)						
. ,	STATES ASSOCIATES, IN	1 C.							
rincipal Place o	of Business	Ma	iling Address	-				II DHAR DID	
	BARA SLATER		C/O I BARBARA SLAT						
1601 SOUTH HOLLYWOO	H OCEAN DRIVE APT 706 D FL 33019		1601 SOUTH OCEAN HOLLYWOOD FL 3301		706				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•		3. Date Incorporated or Qualified 05/25/1973	3a. Date o		
, Principal Plac	ce of Business	2a.	Mailing Address			4. FEI Number	0	1/17/18	Applied For
		26				59-1467614			Not Applicable
Suite, Apt. #	, etc.	-	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
City & State		27	City & State						Required
Ony & State		28	City & State			Election Campaign Financing Trust Fund Contribution		•	May Be I to Fees
::	Country		Zip	Cour	try	8. This corporation has liability for		_	
	25	29		30			□No		
	g. Name and Address of Curre	ent Regist	ered Agent		31 Name	10. Name and Address of New F	egistered A	jent	
OLATE!	D I DADOADA			ļ					
	r,i Barbara : Ocean Drive				Street Add	Iress (P.O. Box Number is Not Acceptab	ole)		
	MENT 706			ľ	33				· ·
	WOOD FL 33019			ŀ	34 City			85 Zip	Code
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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 early; 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: J. Barbara SLATER-RES, 1/19/96 994-920-2949

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR