FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **445674** **(5)**

1. Corporation Name
SLATTERY ASSOCIATES, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1974
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21 8525 NW 53 TER	26 8525 NW 53 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #100	27 #100
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip / Country	Zip / Country
24 33166 25 USA	29 33166 30 USA

4. FEI Number: 59-1515732 ☐ 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
SLATTERY, GEORGE B. 8355 NW 53 ST SUITE 100 MIAMI FL 33166	81 Name: SLATTERY, GEORGE B 82 Street Address (P.O. Box Number is Not Acceptable): 8525 NW 53 TER 83 #100 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	~~PARRELL, MARY A~~	12 NAME	delete Farrell	
STREET ADDRESS	~~6821 POTOMAC AVE~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~BRADDOCK HEIGHTS MD~~	14 CITY-ST-ZIP		
TITLE	PDST	21 TITLE	PDST	☑ Change ☐ Addition
NAME	SLATTERY, GEORGE B	22 NAME	SLATTERY, GEORGE B.	
STREET ADDRESS	8355 NW 53RD ST., #100	23 STREET ADDRESS	8525 NW 53 TER #100	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL	
TITLE	V	31 TITLE	V	☑ Change ☐ Addition
NAME	SLATTERY, LYDIA MAS	32 NAME	SLATTERY, LYDIA MAS	
STREET ADDRESS	8355 NW 53RD ST., #100	33 STREET ADDRESS	8525 NW 53 TER #100	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: G B Slattery 4/6/95 305 592-7917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102033 CP