

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

50 MAY -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 528767 (7)

To: Corporation Name:

S & L BUSINESS PRODUCTS, INC.

Principal Place of Business:

**6600 NORTHWEST 16TH STREET
SUITE 11
PLANTATION FL 33313
US**

Mailing Address:

**6600 NORTHWEST 16TH STREET
SUITE 11
PLANTATION FL 33313
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/03/1977

3a. Date of Last Report

07/21/1994

4. FET Number

59-1732515

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 § 194.019

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business:

21

State, Apt. #, etc.

22

City & State

23

Zip

County

24

25

2a. Mailing Address:

26

State, Apt. #, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNEAD, ROBERT M.
1060 RENMAR DRIVE
PLANTATION FL 33317**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1503, 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 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Change of Agent)

(Signature of Registered Agent or Change of Agent)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
SNEAD, ROBERT M
1060 RENMAR DR
PLANTATION FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
LAIDLAW, ROBERT B
4937 NW 82 AVE
LAUDERHILL FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

SIGNATURE: *X Robert M. Sned*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 5/1/95 (305) 791-6801