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

PROFIT CORPORATION ANNUAL REPORT

1997



I do hereby certify that the information supplied with this filling does not qualify for it information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 558082

(4)

S L S INDUSTRIES, INC.

## FILED Jan 14 1997 8:00am Secretary of State

exemption stated in Section 119.07(3)(s), Florida Statutes. I further certify that the courage and that my signature snall have the same legal effect as if made under oath; that secute this report as required by Chapter 607, Florida Statutes; and that my name

Principal Place of Business	Mailing Address			
4410 KING PALM DRIVE TAMARAC FL 33319	4410 KING PALM DRIVE TAMARAC FL 33319-6118			
			3. Date Incorporated or Quali 01/25/1978	fied 3a. Date of Last Report 03/22/1996
2. Principal Place of Business	2a. Malling Address		4. FEI Number 59-1870799	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			- \$8.75 Additional
22	27		5. Certificate of Status Desire	Fee Required
City & State	City & State		Slection Campaign Financia  Trust Fund Contribution	ng <b>\$5.00</b> May Be Added to Fees
Z <sub>1</sub> p Country 25	Zip 29	Country 30		y for intangible tax under s. 199.032,
9. Name and Address of Cur		30	10. Name and Address of Ne	
SCHULMAN, SOL		81 Name		
4410 KING PALM DR TAMARAC FL 33319		82 Street Add	dress (P.O. Box Number is Not Acco	eptable)
TANIATAO 12 30313		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 (	1502 and 607 1508. Florida Statut	es the above-named con	noration submits this statement for	the ournose of changing its registered
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent, I am familiar with, and accept the ob-	ate of Florida, Such change was a bligations of, Section 607,0505, Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby a	accept the appointment as registered
	<b>3</b> ,			
SIGNATURE				
SIGNATURE Signature, typed or pricted name of registered		E: Registered Agent signature requ		DATE DIDECTOR IN 12
Signature, typed or printed name of registered  12. OFFICERS	AND DIRECTORS	13.		OFFICIERS AND DIRECTORS IN 12
Signature, typod or printed name of registered				
Signature, typed or photod name of registered  12. OFFICERS.  TITLE PD	AND DIRECTORS	13. 1.1 TITLE		OFFICIERS AND DIRECTORS IN 12
12. OFFICERS  TITLE PD SCHULMAN, SOL STREET ADDRESS CHUS FALM, DR. CITY-ST-ZIP TAMARAC FL	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		OFFICIERS AND DIRECTORS IN 12
12. OFFICERS	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		OFFICIERS AND DIRECTORS IN 12
12. OFFICERS	AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 OTY-ST-ZIP 2.1 TITLE 2.2 NAME		OFFICERS AND DIRECTORS IN 12
Signature, typed or photod name of registered  12. OFFICERS  TITLE PD  NAME SCHULMAN, SOL  4410 KING PALM, DR.  TAMARAC FL  TITLE SD  NAME SCHULMAN, LENORE  4410 KING PALM, DR.  TAMARAC FL  STREET ADDRESS SCHULMAN, LENORE  4410 KING PALM, DR.	AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		OFFICERS AND DIRECTORS IN 12
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Signature typed or photod name of registered  12. OFFICERS  TITLE PD  MAME SCHULMAN, SOL  4410 KING PALM, DR.  TAMARAC FL  TITLE SD  NAME SCHULMAN, LENORE  4410 KING PALM, DR.  TAMARAC FL  TITLE SD  NAME SCHULMAN, LENORE  4410 KING PALM, DR.  TAMARAC FL  TITLE	AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY+ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY+ST-ZIP 3.1 TULS		OFFICERS AND DIRECTORS IN 12
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Signature typed or photod name of registered  12. OFFICERS.  TITLE PD SCHULMAN, SOL  4410 KING PALM, DR.  TAMARAC FL  TITLE SD  NAME SCHULMAN, LENORE  STREET ADDRESS 4410 KING PALM, DR.  CITY-ST-ZIP SCHULMAN, LENORE  4410 KING PALM, DR.  CITY-ST-ZIP TAMARAC FL  TITLE  NAME  STREET ADDRESS  SIGNATURE TAMARAC FL	AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 STREET ADDRESS 2.4 STREET ADDRESS 3.2 NAME 3.3		OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
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