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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

(9)

SLUSARZ REALTY & MANAGEMENT, INC.								
Principal Place of Business 909 BEACH ROAD SARASOTA FL 34242		Mailing Address 909 BEACH ROAD SARASOTA FL 34242				Fr. 61611 41611 (49)		
					 Date Incorporated or Qualified 10/29/1979 	3a. Date of Last 03/14/1		
2. Principal Prace of Business 21 Suite Apt. #, etc. 22 Crty & State 23 Zrp Country 24 25 9. Name and Address of Curre		2a. Mailing Address 26 Suite Apt. #, etc 27 City & State 28		4. FEI Number 59-1945378		Applied For		
				Not Applicate Secretary Se		Not Applicable		
				5. Certificate of Status Desired Fee Required				
				Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees		
		Ζφ	1 E		8. This corporation has liability for i		s 199.032,	
		29			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	g. Name and Address of Currer	it negistered Agent	81	Name	10. Name and Address of New K	egistered Agent		
SLUSARZ, ROBERT W.			82	Charak Adda	ess (P.O. Box Number is Not Acceptab	do)		
915 BEA	CH RD #116		02	Street Addre	ess (r.o. box number is not Acceptab	16)		
SARASOTA FL 34242			83					
			84	City		 85 2	Zip Code	
11 Purs but to the provisors of Sections 607 0502 and 607 1508. Florida Statutes, the above gamed				named cornor:	ation submits this statement for the nur	FL 65 '	registered office	
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 charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	gration, typed or protect that will direct street agent		TE Registered Ago	nt signature required		DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI			
NAMI	SLUSARZ, ROBERT W		1.1 TITLE 1.2 NAME			☐ Change	e 🔲 Addition	
STREET ADDRESS	915 BEACH RD #116	1.3		T ADDRESS				
CHY ST ZIF	SARASOTA FL			ST-ZIP				
TilleE	\$	☐ DELETE	2 2 NAME			☐ Change	Addition	
NAME	SLUSARZ, ROBERT W							
STREET ACCIDESS	915 BEACH RD #116 SARASOTA FL		1	T ADDRESS				
CHY-ST ZIE: TH, E	VI	☐ DELETE	2.4 CITY - ST - ZIP 3.1 TITLE			Change	Addition	
NAME	SLUSARZ, ROBERT W.		3 2 NAME			L. Friday	had . Sonon	
STEEL LADORESS	915 BEACH RD #116		33 STREE	T ADDRESS				
City - St - ZiE	SARASOTA FL		3.4 CITY - ST - ZIP					
TILLE		DELETE	4 1 TITLE			☐ Change	Addition	
NAME STREET ADDRESS			4.2 NAME	T ADDRESS				
011Y - S1 - ZIF			4.3 STREE					
101.6		☐ DELETÉ	5. 1 TITLE			☐ Change	Addition	
, NAM(5 2 NAME					
STREET ADDRESS				1 ADDRESS				
CHY-SI-ZIF TITLE		54 CITY-ST-ZIP		ST - ZIP		Change	Addition	
NAME	NAME		6 1 TIPLE 6 2 NAME			☐ Change	e 🗌 Addition	
STREET ADDRESS				T ADDRESS				
C(FY - ST - Z(f)			6 4 CITY - :					
	certify that the information supplied	with this filing is voluntarily furn			or the exemption stated in Section 119.	07(3)(k), Florida Stat	utes. I further	

ceres may ment 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.

ROBERT W. SLUSARZ

941-349-7570