

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 644148 (9)

1. Corporation Name  
SLUSARZ REALTY & MANAGEMENT, INC.

Principal Place of Business  
908 BEACH ROAD  
SARASOTA FL 34242

Mailing Address  
909 BEACH ROAD  
SARASOTA FL 34242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 7061 SO. TAMiami TR.  
22 City & State  
23 SARASOTA, FL  
24 Zip 34231  
25 Country SARASOTA

2a. Mailing Address  
26 5721 AUGUSTA CIRCLE  
27 City & State  
28 SARASOTA, FL  
29 Zip 34238  
30 Country SARASOTA

3. Date Incorporated or Qualified  
10/29/1979

4. FEI Number  
59-1945378

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
SLUSARZ, ROBERT W.  
2926 CAPTIVA GARDENS DRIVE  
SARASOTA FL 34231

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 5721 AUGUSTA CIRCLE  
84 SARASOTA  
85 City  
86 FL  
87 Zip Code 34238

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUSARZ, ROBERT W.	1.2 NAME	
STREET ADDRESS	2926 CAPTIVA GARDENS DRIVE	1.3 STREET ADDRESS	5721 AUGUSTA CIRCLE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUSARZ, ROBERT W.	2.2 NAME	
STREET ADDRESS	2926 CAPTIVA GARDENS DRIVE	2.3 STREET ADDRESS	5721 AUGUSTA CIRCLE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUSARZ, ROBERT W.	3.2 NAME	
STREET ADDRESS	2926 CAPTIVA GARDENS DRIVE	3.3 STREET ADDRESS	5721 AUGUSTA CIRCLE
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 \_\_\_\_\_ PRESIDENT/SEC/TREAS  
ROBERT W. SLUSARZ 4/20/98 941-927-0127

CR2E034 (10/97)