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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	NNUAL REPORT Secretary of State Division of Corporations					
DOCUM 1. Corporation f	1ENT # <b>F940</b> (	00003842 (1)	)			
SLAVIK	SUITES, INC.					
Principal Place o	of Business	Mailing Address				
32605 W. 12 MILE RD. SUITE 350 FARMINGTON HILLS MI 48334 SUITE 350 FARMINGTON HILLS MI 48334 SUITE 350 FARMINGTON HILLS MI			48334		Date Incorporated or Qualified     07/22/1994	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21	of Education	26			38-2826614	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s 199.032,
24	25 25 9. Name and Address of Curre	29 ant Registered Agent	30	-	Florida Statutes Yes	Registered Agent
	9. Name and Address of Corre	on negistered Agent	81	Name	10. Hamo and Addition of Holi	
00015	MUPA B		62	Charact Added	ress (P.O. Box Number is Not Accepta	NA.
SOBLE, JAMES B 401 E. JACKSON ST.				Street Adol	ress (P.O. Box Number is Not Accepta	ole)
2700 LANDMARK CENTRE			83			
	FL 33602-5226		84	City		85 Zip Code
			1 1	-		FL   1
or registere familiar with	the provisions of Sections 607.050 d agent, or both, in the State of Flo n, and accept the obligations of, Se	rida. Such change was authorized	s, the above-na d by the corpo	amed corpo ration's boa	ration submits this statement for the pure of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agr	ent and fit e 1 applicable (NOTE	E: Registered Agent	signature require		DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TITLE	•		☐ Change ☐ Addition
NAME	SLAVIK, STEPHAN F SR		1.2 NAME			
STHEET ADDRESS	32605 W. 12 MILE RD.	.004	1.3 STREET A			
CITY-ST-ZIP	FARMINGTON HILLS MI 48	3334 DELETE	2.1 TITLE	- 214		Change Addition
NAME	v Lauria, del j	<u> </u>	2.2 NAME			
STREET ADDRESS	32605 W. 12 MILE RD.		2.3 STREET	ADORESS		
CITY-ST-ZIP	FARMINGTON HILLS ME 48334		2 4 City-St			
TITLE	STD	☐ DELETE	3 1 TITLE			Change Addition
NAME	SLAVIK, J. RONALD		3 2 NAME			
STREET ADDRESS	32605 W. 12 MILE RD.		33 STREET	ADDRESS		
CITY - ST - ZIP	FARMINGTON HILLS MI 48334		3 4 CITY-ST-ZIP			Change D Addition
TITLE	DETELE		4 1 THE			☐ Change ☐ Addition
NAME			4.2 NAME	ADDDECC		
STREET ADDRESS			4.3 STREET .			
CrTY-ST-ZiP TITLE		DELETE	4.4 CITY - S1 5. 1 TITLE	-zir		Change Addition
NAME		<u></u>	5.2 NAME			<del>-</del>
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST	1		
TITLE		☐ DEL€1E	6. 1 THILE			Change Addition
NAME			6.2 NAME			

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Ido 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)(k), 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:

STREET ADDRESS

4-16-96 Date

Daytime Phone ⊭

CR2E034 (12/95)