

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90010 007 \*\*\*150.00

DOCUMENT # F98000001111

1. Corporation Name  
SLOAN ELECTRONICS, INC.

Principal Place of Business  
1715 STICKNEY POINT ROAD  
SUITE A-12  
SARASOTA FL 34231

Mailing Address  
1715 STICKNEY POINT ROAD  
SUITE A-12  
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1998

4. FEI Number

35-1990559

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOAN, PAUL  
2527 MONTEREY ST  
SARASOTA FL 34231

81 Name

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

4266 HIGEL AVE

83

84 City SARASOTA

FL

85 Zip Code 34242

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CST  
NAME PROVOST, LARRY  
STREET ADDRESS 116 TEATOWN RD  
CITY-ST-ZIP CROTON NY 10520

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VCP  
NAME SLOAN, PAUL  
STREET ADDRESS 2527 MONTEREY ST  
CITY-ST-ZIP SARASOTA FL 34231

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME COHEN, LESTER  
STREET ADDRESS 22317 COLLINGTON DR  
CITY-ST-ZIP BOCA RATON FL 33428

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4266 HIGEL AVE  
SARASOTA FL 34242

TITLE D  
NAME VONDRA, JAMES  
STREET ADDRESS 216 OVERCREST DR  
CITY-ST-ZIP BEN BROOK TX 76126

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SOLOMON, MIKE  
STREET ADDRESS 3 CHIPPEWA CT  
CITY-ST-ZIP SUFFERIN NY 10901

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-99 914 271 5749

0471154

CR2E034 (11/98)