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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G23156** **(4)**

1. Corporation Name
SLOAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4300 SW 106TH TERRACE DAVIE FL 33328-2102	4300 SW 106TH TERRACE DAVIE FL 33328-2102

3. Date Incorporated or Qualified: 02/08/1983
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21 P.O. Box 1086
Suite, Apt. #, etc. 22
City & State 23 DANIA, FL
Zip 24 33004-1086 Country 25 BROWARD

2a. Mailing Address
26 P.O. Box 1086
Suite, Apt. #, etc. 27
City & State 28 DANIA, FL
Zip 29 33004-1086 Country 30 BROWARD

4. FEI Number: 59-2256639 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SLOAN, STEPHANIE P.
17324 NW 62ND PLACE SO.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: SLOAN, GARY E
82 Street Address (P.O. Box Number is Not Acceptable): 1109 NORTH 21 AVE
83: SUITE 106
84 City: HOLLYWOOD FL 85 Zip Code: 33020

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: Gary E Sloan GARY E. SLOAN 1/29/97
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	VP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLOAN, STEPHANIE		1.2 NAME		
STREET ADDRESS	17324 NW 62ND PLACE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI,FL 33015		1.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	2.1 TITLE	P/SID	☒ Change ☐ Addition
NAME	SLOAN, GARY		2.2 NAME	SLOAN, GARY	
STREET ADDRESS	17324 NW 62ND PLACE SOUTH		2.3 STREET ADDRESS	P.O. Box 1086	N/A
CITY-ST-ZIP	MIAMI,FL 33015		2.4 CITY-ST-ZIP	DANIA, FL 33004-1086	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SLOAN, GARY		3.2 NAME		
STREET ADDRESS	17324 NW 62ND PLACE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI,FL 33015		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Gary E. Sloan GARY E. SLOAN 1/29/97 (305) 862-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (Beeper)