


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

FILED

Jun 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G97307 (4)  
Corporation Name  
HOWARD SLATER, P.A.



Principal Place of Business: 5859 W ATLANTIC AVENUE B-4A DELRAY BEACH FL 33484 US

Mailing Address: 5859 W ATLANTIC AVENUE B-4A DELRAY BEACH FL 33484-8401 US

21 Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

22 Suite, Apt. #, etc. City & State Zip Country

23 City & State Zip Country

24 Name and Address of Current Registered Agent

3a Date Incorporated or Qualified: 03/26/1984

3b Date of Last Report: 02/23/1996

4 FCI Number: 59-2385103 Applied For Not Applied

5 Certificate of Status Desired: \$8.75 Additional Fee Required

6 Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7 This corporation has liability for intangible tax under s. 199.03, Florida Statutes: Yes No

10 Name and Address of New Registered Agent

9 Name and Address of Current Registered Agent: SLATER, HOWARD 5859 W ATLANTIC AVENUE B-4A DELRAY BEACH FL 33484

81 Name

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

83

84 City FL 85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1509, 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] DATE: [Blank]

2. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	SLATER, HOWARD	
STREET ADDRESS	5859 W ATLANTIC AVE., B-4A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLATER, HOWARD	
STREET ADDRESS	5859 W ATLANTIC AVE., B-4A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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\*\*\*165.00

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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. I am an officer or director of the corporation or the registered 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 from a predecessor with an address.

SIGNATURE: [Signature] DATE: 6/13/97