

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 16 1997 8:00am  
Secretary of State

DOCUMENT # J24970

(2)

1. Corporation Name  
SLIPS AMERICA, INC.



Principal Place of Business  
1103 TARPON CENTER DRIVE  
VENICE FL 34285  
US

Mailing Address  
107 CORPORATION WAY  
VENICE FL 34292  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1986		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	P.O. Box 1424	4. FEI Number 59-2731534		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25		30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REEGLER, MARY L. 107 CORPORATION WAY VENICE FL 34292				81 Name Lynn M. Ratliff			
				82 Street Address (P.O. Box Number is Not Acceptable) 1103 Tarpon Center Dr.			
				83			
				84 City Venice FL 85 Zip Code 34285			

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

*Lynn M. Ratliff*

(NOTE: Registered Agent signature required when reinstating)

9-10-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	432 SOUTH PARK BLVD.	1.2 NAME	
CITY-ST-ZIP	VENICE FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RATLIFF, MICHAEL	2.2 NAME	
STREET ADDRESS	1103 TARPON CENTER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PETERSON, EDWIN	3.2 NAME	
STREET ADDRESS	6360 MANASOTA KEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

*Michael Ratliff*

9-10-97

941-697-5800

CR2E034 (4/97)