

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:41

DOCUMENT # **K14259 (1)**

1. Corporation Name
SLOOP VENTURES, INC.

Principal Place of Business	Mailing Address
% GERALD BEYER 3511 W COMMERCIAL BLVD., SUITE 401 FORT LAUDERDALE FL 33309-0322	% GERALD BEYER 3511 W COMMERCIAL BLVD., SUITE 401 FORT LAUDERDALE FL 33309-0322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/05/1988	3a. Date of Last Report 02/16/1994
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2. Principal Place of Business 21 c/o Russell Beyer Suite, Apt. #, etc. 22 3511 W. Commercial Blvd#401 City & State 23 Ft. Lauderdale, FL 33309 Zip 24	2a. Mailing Address 26 c/o Russell Beyer Suite, Apt. #, etc. 27 3511 W. Commercial Blvd#401 City & State 28 Ft. Lauderdale, FL 33309 Zip 29	Country 25	Country 30
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4. FEI Number 59-2499968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BEYER, GERALD
3511 W COMMERCIAL BLVD
SUITE 401
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name Beyer, Russell
82 Street Address (P.O. Box Number is Not Acceptable) 3511 West Commercial Blvd
83 Suite 401
84 City Ft. Lauderdale
85 State FL
86 Zip Code 33309

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 *Russell Beyer* **Russell Beyer, Registered Agent January 16, 1995**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restoring) DATE

12. OFFICERS AND DIRECTORS

TITLE PDS	NAME BENJAMIN, ALVIN
STREET ADDRESS 377 OAK ST	CITY-STATE-ZIP GARDEN CITY NY
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 included 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; 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, as typed, or on an attachment with an address.

SIGNATURE: *Alvin Benjamin* **Alvin Benjamin, PDS** (516) 745-0150
(Signature, typed or printed name of signing officer or director) Date Expiration