

**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 <b>02/05/1988</b>	3a. Date of Last Report <b>02/16/1994</b>
--	--

2. Principal Place of Business 21 <b>c/o Russell Beyer</b> Suite, Apt. #, etc. 22 <b>3511 W. Commercial Blvd#401</b> City & State 23 <b>Ft. Lauderdale, FL 33309</b> Zip 24	2a. Mailing Address 26 <b>c/o Russell Beyer</b> Suite, Apt. #, etc. 27 <b>3511 W. Commercial Blvd#401</b> City & State 28 <b>Ft. Lauderdale, FL 33309</b> Zip 29	Country 25	Country 30
--	---	---------------	---------------

4. FEI Number <b>59-2499968</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>Beyer, Russell</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3511 West Commercial Blvd</b>
83 <b>Suite 401</b>
84 City <b>Ft. Lauderdale</b>
85 State <b>FL</b>
86 Zip Code <b>33309</b>

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 <b>PDS</b>	NAME <b>BENJAMIN, ALVIN</b>
STREET ADDRESS <b>377 OAK ST</b>	CITY-ST-ZIP <b>GARDEN CITY NY</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-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-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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