

J 20-17 B-3345 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # K14259 (1)
 1. Corporation Name
SLOOP VENTURES, INC.



Principal Place of Business
**2688E OAKLAND PARK BLVD
 FT LAUDERDALE FL 3306
 US**

Mailing Address
**PO BOX 11180
 FORT LAUDERDALE FL 33339-1180
 US**

3. Date Incorporated or Qualified **02/05/1988** 3a. Date of Last Report **04/02/1996**
 4. FEI Number **59-2499968** 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

2. Principal Place of Business
 21 **2888 E. Oakland Park Blvd** 26 Suite, Apt #, etc.
 22 City & State
 23 **Ft. Lauderdale, FL** 28 City & State
 24 **33306** 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BEYER, RUSSELL
 3015 N. OCEAN BLVD., APT. 3H
 FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
 81 Name **Russell Beyer**
 82 Street Address (P.O. Box Number is Not Acceptable) **2888 E. Oakland Park Blvd**
 83
 84 City **Ft. Lauderdale** FL 85 Zip Code **33306**

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** **February 18, 1997**
(Signature typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PDST | <input type="checkbox"/> DELETE |
| NAME | BENJAMIN, ALVIN | |
| STREET ADDRESS | 377 OAK ST | |
| CITY-ST-ZIP | GARDEN CITY NY | |
| 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 | | |

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 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: *Alvin Benjamin* **Alvin Benjamin, President** **(516)745-0150**
(Signature typed or printed name of signing officer or director) Date Daytime Phone #
 0294172

CR2E034 (9/96)