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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K99052

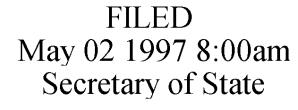
(8)

SLINN INDUSTRIES, INC.

4825 FILLMORE STREET

Principal Place of Business

Mailing Address **4625 FILLMORE STREET**





P O BOX 15250 PLANTATION FL 33318		P O BOX 15250 PLANTATION FL 33318-5250								
						3. Date Incorporated or Qualified 06/26/1989	3a. Da	ate of t 28/19		port
2. Principal Place of Business		28. Mailing Address 26			4. FEI Number 65-0130982		<u></u>	App	olied For Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired				dditional	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25			Country		8. This corporation has liability for in	ntangible			
	9. Name and Address of Currer	nt Registered Agent	-1. 1,.			10. Name and Address of New Reg				
FOR	RMAN, TERRY J			81	Name					
	1 SW LEJEUNE RD RAL GABLES FL 33134			82	Street Add	dress (P.O. Box Number, is Not Acceptable	e)			
001	INE ORDES PE 30 104			83						
				84	City		FL	85	Zip C	ode
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was	tes, the al	JI Bove d bv	e-named co	rporation submits this statement for the pration's board of directors. I hereby accep	rpose of	chanç	ging its	registered
agent. I a SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida Stat	utes	3.		. u.o opp	0	14 00 1	ogistorod
	Signature, typed or printed nanic of registered age	nt and tille if applicable. (NOT	II Flegistere	d Age	nt signature req	uired when reinstaling)	DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIREC	CTORS	IN 12
TITLE	AS	☐ DELETE	1.1 11	TLE				Ch	ange	Addition
NAME	FORMAN, TERRY J		1.2 N/	AME						
STREET ADDRESS	1521 SW LEJEUNE RD		1.3 \$1	REE 1	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		1.4 CI		T-ZIP					
TITLE	PSD OLABEAGE	☐ DELETE	2.1 10	ILE				☐ Ch	ange	Addition
NAME	SUNN, III, CLARENCE		2.2 NA	ME						
STREET ADDRESS	4625 FILLMORE ST HOLLYWOOD FL				ADDRESS					
CITY-ST-ZIP TITLE	HOLLIWOOD FL	DELETE	2.4 G		31 - ZIP			T A	 -	
NAME		[] OTLESE	31 TI					∐ Ch	ange	[] Addition
STREET ADDRESS			32 N/		100000					
		· ·	1		ADDRESS					
CITY-ST-ZIP TITLE		DELLIE	3.4. C 4.1 If		it - ZIP			Cha	2000	Addition
NAME			4. 2 N					L., UIA	រាម្បេច	L_J Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CI		**					
TITLE		DELETE	5.1 Til		1-24			Chi	ange	Addition
NAME	2		5.2 NA				*	L ()	.mg∪	t_ regulion
STREET ADDRESS	•		- 1		ADORESS					
CITY-ST-ZIP			5.4 CI							
TITLE		DELETE	6 1 717					Cha	ange	Addition
NAME		—	6.2 NA						1910	, NOOMION
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			64 CI							
	ov certify that the information supplied	with this filing does not quali				ed in Section 119 07(3)(i). Florida Statutes	Lituribor	portifi	that th	

information indicated on this annual report of 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 of 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.