FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

Mailing Address
4625 FILLMORE STREET

P O BOX 15250

PLANTATION FL 33318

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

Principal Place of Business

4625 FILLMORE STREET P O BOX 15250

PLANTATION FL 33318

DOCUMENT # K99052

SLINN INDUSTRIES, INC.

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90197 045 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						06/26/1989				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Nu nber			Apr	lied For
1		26				65-0130982				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired	\$	8.75 A	
2		City & State					F : -/			·
City & State	e	⊢ ′				6. Election Campaign Trust Fund Contribe	- 11		\$ 5.00 i Added to	
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Zip □	Coun ry	Zip		n sts y_		- 8, This corporation ow Personal Property	•	arritangu []`		(ÎNo
4	25	1 Pagistared Agent	30	_		10. Name and Addres				
	9. Name and Address of Curren	r Registered Agent		81	Name	10. Name and Address	3 Of Hear Region	<u></u>		
FORMAN, TERRY J										
1521 SW LEJEUNE RD				82	Street Addre	ss (P.O. Box Number is I	Not Acceptable)			
CORAL GABLES FL 33134				22	-					
COL	AL CADELO I E 00104			83						
				84	City			FL 8	5 Zip C	ode
office or n	to the provisions of $S\epsilon$ ctions 607.050, egistered agent, or bo h, in the State m familiar with, and accept the obligat	of Florida. Such change wa	is authorized	d by 1	the corporation	oration submits this staten n's board of cirectors. I h	nent for the purposereby accept the a	se of char appointme	nging its i ent as reg	egistered estered
SIGNATURE	Signature, typed or printed na ne of registered agen	nt and title if applicable (N	OT :: Registered	f Agent	t signature required	when reinstating)	DAT	re		
12.	OFFICERS AN	() DIRECTORS	13.			ADDITIONS/CHANG	ES TO OFFICER			
TITLE	AS	☐ DELETE	1 1 TI	TLE					Change	Addition
NAME	FORMAN, TERRY J		1.2 N	AME						
STREET ADDRESS	1521 SW LEJEUNE RD		1.3 5	TREET	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		1.4 C	ITY-ST	r-ZiP					_
TITLE	PSD	☐ DELETE							Change	Additio
NAME	SLINN, III, CLARENCE		2.2 N	AME						
STREET ADDRESS	4625 FILLMORE ST		2.3 \$	TREET	ADDRESS					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). 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 outle 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 changer; or on, an attachment with an address, with all other like empowered.

SIGNATURE SIGNAT THE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRE

4 21 /44 (954) 987-1/11 Date (954) 987-1/11 (R2F034 (11/98)