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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:46

DOCUMENT # M07309 (1)

1. Corporate Name
HOWARD SLATER & COMPANY

Principal Place of Business
9070 KIMBERLY BLVD #60
BOCA RATON FL 33434

Mailing Address
9070 KIMBERLY BLVD #60
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1984
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business
21 5859 W. ATLANTIC AVE
Suite, Apt. #, etc.
22 B-4A
City & State
23 DELRAY BEACH FLORIDA
Zip 24 33484 Country 25 PALM BEACH

2a. Mailing Address
26 5859 W. ATLANTIC AVE
Suite, Apt. #, etc.
27 B-4A
City & State
28 DELRAY BEACH FLORIDA
Zip 29 33484 Country 30 PALM BEACH

4. FEI Number: 59-2461213 ☐ 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

9. Name and Address of Current Registered Agent

SLATER, HOWARD
9070 KIMBERLY BLVD. #60
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5859 W. ATLANTIC AVE B-4A
83
84 City DELRAY BEACH FL 85 Zip Code 33484

11. Pursuant to the provisions of Sections 607.0202 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: (New registered agent signature required when applicable) (Registered Agent signature required when applicable) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DPT | 11 TITLE | ☑ Change ☐ Addition |
| NAME | SLATER, HOWARD | 12 NAME | |
| STREET ADDRESS | 9070 KIMBERLY BLVD. #60 | 13 STREET ADDRESS | 5859 W. ATLANTIC AVE B-4A |
| CITY-ST-ZIP | BOCA RATON FL | 14 CITY-ST-ZIP | DELRAY BEACH FLORIDA 33484 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I (We) 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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an X next to it.

SIGNATURE: [signature] 3/10/96 407-496-3400
SIGNATURE(S) & TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0203320 CP