

**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 JUN 30 AM 9:53

DOCUMENT # **M95945** (5)

1. Corporation Name  
**S-SLASH, INC.**

Principal Place of Business  
**491 GARVEY RD. SW  
PALM BAY FL 32908**

Mailing Address  
**491 GARVEY RD. SW  
PALM BAY FL 32908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1988** 3a. Date of Last Report **04/07/1994**

4. FEI Number **65-0105206** 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 § 109.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	26	27	28
Suite, Apt. #, etc		Suite, Apt. #, etc	
22 City & State		27 City & State	
23	28	29	30
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent  
**PLATT, ROY E.  
491 GARVEY RD SW  
PALM BAY FL 32908**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 a board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature of (print name of) registered agent on the 7th page of 7a. (1) Registered Agent signature required after registering.

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>PLATT, ROY</b>
STREET ADDRESS	<b>780 SO. APOLLO BLVD.</b>
CITY ST ZIP	<b>MELBOURNE FL</b>
TITLE	<b>DST</b>
NAME	<b>PLATT, SANDRA</b>
STREET ADDRESS	<b>780 SO. APOLLO BLVD.</b>
CITY ST ZIP	<b>MELBOURNE FL</b>
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>491 Garvey Rd SW</b>
4. CITY ST ZIP	<b>Palm Bay, FL 32908</b>
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	<b>491 Garvey Rd SW</b>
8. CITY ST ZIP	<b>Palm Bay, FL 32908</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(1)(b), Florida Statutes. I further certify that the information indicated on the annual report or quarterly 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 and have the authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 12 of this report, or on an attached sheet, as applicable.

SIGNATURE: *Roy E. Platt Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROY E. PLATT SR.**

6-26-95 407.727-2811