1. Entity Nam		M95945							والمراجعة أأأ	ب. ب <i>ې</i> ږ . بې		
S-SLASH	H, INC.		·					SEURE NVISION	FILÈ TARY O OF One	FSTATE	ı*	
Principal Plac	ce of Business		Mailing Address								113	
491 GARVEY RD. SW PALM BAY FL 32908			491 GARVEY RD. SW PALM BAY FL 32908-3406				00 SEP 14 PM 12: 06					
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2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State			4. F	El Number	65-01052	 06		pplied For	
Zip	Co	untry	Zip	Country	у	5. 0	Certificate of	Status Desired		\$8.75 Ad	ditional	
	6. Name and	Address of Current Re	gistered Agent	<u></u>	6e-	7. N	lame and A	ddress of New	Registered			
					Name						(2	
PLATT, ROY E. 491 GARVEY RD SW					Street Address (P.O. Box Number is Not Acceptable)					-		
PALI	M BAY FL 32908											
-					City		<u> </u>		F	L Zip Coo	le	
8. The above	e named entity subr	nits this statement for th	e purpose of changing it	s registered	d office or regi	istered age	ent, or both,	in the State of	-lorida.			
			•									
SIGNATURE	Signature, typed or prints	ed name of registered agent and t	utle if anolicable (NC)	TE: Registered A	Anent signature reg	uired when rea	nstating)		DATE			
		ed name of registered agent and	I I		Agent signature req	uired when rea			DATE		 _	
9. This corpo		satisfy its Intangible	FILE NOW After MAY 1, 20 Make Check Paya	!!! FEE IS	\$ \$150.00 vill be \$550.0	00	10. Electi	on Campaign l Fund Contribut	inancing	\$5.0	00 May Be	
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321/727-28-11

SIGNATURE:

ment with an address, with all other like empowered.

Sandra C Platt Secretary/Treasurer signature and typed on printed name of signing officer on director

7/28/00 Date

Daytime Phone #