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

APPROVED AND FILED

95 MAR 23 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049142 (1)

1. Corporation Name
SLATER FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
5301 N FEDERAL HWY SUITE 150 BOCA RATON FL 33487	9070 BLVD. SUITE #60 BOCA RATON FL 33434 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 04/05/1994
4. FEI Number: 65-0424004 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 5859 W. ATLANTIC AVE	26 5859 W. ATLANTIC AVE
Suite, Apt. #, etc. 22 B-4A	Suite, Apt. #, etc. 27 B-4A
City & State 23 DELRAY BEACH FLORIDA	City & State 28 DELRAY BEACH FLORIDA
Zip / Country 24 33484 / 25 PALM BEACH	Zip / Country 29 33484 / 30 PALM BEACH

9. Name and Address of Current Registered Agent

RANDALL, CHARLES P
5301 N FEDERAL HWY
SUITE 150
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: HOWARD SLATER
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 Section(s) 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] HOWARD SLATER REGISTER AGENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	☑ Change ☐ Addition
NAME	SLATER, HOWARD	1.2 NAME	
STREET ADDRESS	9070 KIMBERLY BLVD., SUITE 60	1.3 STREET ADDRESS	5859 W. ATLANTIC AVE B-4A
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	DELRAY BEACH FLORIDA 33484
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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 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 if changed or added to the attachment with an address.

SIGNATURE: [signature] Pres. 3/10/95 407-496-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0437851 FP