

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90006 019 ***150.00

DOCUMENT # P93000049142

1. Corporation Name

SLATER FINANCIAL CORPORATION

Principal Place of Business

5859 W ATLANTIC AVE
B4A
DELRAY BEACH FL 33484
US

Mailing Address

5859 W ATLANTIC AVE
B4A
DELRAY BEACH FL 33484
US

2. Principal Place of Business

21 6219 SW 93RD AVE

Suite, Apt. #, etc.

22 GAINESVILLE, FL

City & State

23

Zip

24 32608

Country

25 USA

2a. Mailing Address

26 5745 SW 7TH ST

Suite, Apt. #, etc.

27 #293

City & State

28 GAINESVILLE, FL

Zip

29 32608

Country

30

9. Name and Address of Current Registered Agent

SLATER, HOWARD
5859 W ATLANTIC AVE
STE B4A
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified

07/06/1993

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Howard Slater

82 Street Address (P.O. Box Number is Not Acceptable)

5745 SW 7TH ST #293

83

84 City

GAINESVILLE

FL

85 Zip Code

32608

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/99

12. OFFICERS AND DIRECTORS

TITLE PTS ☐ DELETE

NAME SLATER, HOWARD
STREET ADDRESS 5859 W ATLANTI AVE #B4A
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTS ☒ Change ☐ Addition

1.2 NAME SLATER, HOWARD
1.3 STREET ADDRESS 5745 SW 7TH ST #293
1.4 CITY-ST-ZIP GAINESVILLE FL 32608

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/99 352-371-6800

CR2E034 (11/98)