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Jan 31 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000050476 (9)

1. Corporation Name:
SLOAN ELECTRONICS, INC.

Principal Place of Business

P. O. BOX 35212
SARASOTA FL 34242
US

Mailing Address

P. O. BOX 35212
SARASOTA FL 34242-5212
US



3. Date Incorporated or Qualified
07/12/1993

3a. Date of Last Report
01/31/1996

4. FEI Number

65-0439915

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

21 Suite Apt. # etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SLOAN, PAUL
4860 FEATHERBED LANE
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

SLOAN, PAUL

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

2527 MONTEREY ST

83

84 City

SARASOTA

FL

85 Zip Code

34231

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)

DATE

2/

LARRY PROVOST VC

1-23-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SLOAN, PAUL
STREET ADDRESS 4860 FEATHERBED LANE
CITY - ST - ZIP SARASOTA FL

TITLE VC ☐ DELETE
NAME PROVOST, LARRY
STREET ADDRESS TEATOWN RD.
CITY - ST - ZIP CROTON-ON-HUDSON NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 SLOAN, PAUL ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2527 MONTEREY ST
1.4 CITY - ST - ZIP SARASOTA FL 34231

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/

VC LARRY PROVOST

1-23-97

914

271-5749

CR2E034 (9/96)