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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90062 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052404

SLATER ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address					
806 BRENTWOO	D DR	2285 FANNING BRIDGE RD			·		
VENICE FL 3429		FLETCHER NC 28732					
US		US			DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
-					07/21/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3191897	1	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
	#, Gld.	27		•	5. Certificate of Status Desired	Fee I	Required
22 City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
City & State	•	h '			Trust Fund Contribution		d to Fees
23		28	Country				0 10 1 003
Zip	Country	Zip	٦ .	у	8. This corporation owes the current year	Thrangible ☐ Yes	□No
24	25	29 30) <u> </u>		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		J	10. Name and Address of New Register	ea Agent	
			81	Name			
SLATER, LAURIE			82 Street Ac		ddress (P.O. Box Number is Not Acceptable)		
806	Brentwood Dr		"	. Substituti	diesa (i .o. box valibol lo vior loopidale)		
VENI	CE FL 34292		83	3			1.3
			84	City		85 Zi	p Code
				1		-L '	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abov	/e-named c	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing i	registered
office or re	egistered agent, or both, in the State c m familiar with, and accept the obligati	or Florida. Such change was autrions of, Section 607,0505, Florid	a Statute:	, ine corpor s.	ation's board of directors. Thereby accept the of	pointinont do	.09,010.42
SIGNATURE	Trialina thui, and accept the congen	,			·		
SIGNATORE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Age	ent signature rec	uired when reinstating) DATE	·	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
	OFFICERS AND		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
12.	D	D DIRECTORS			ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME	D Slater, grace	D DIRECTORS	1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME STREET ADDRESS	D Slater, grace 2285 Fanning Bridge RD	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
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12. TITLE NAME STREET ADDRESS	D SLATER, GRACE 2285 FANNING BRIDGE RD FLETCHER NC D	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE	ET ADORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS		e Addition
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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:

CITY-ST-ZIP