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**

DOCUMENT # P93000067136

1. Corporation Name

SLAMM	MANAGEMENT, INC.							
						. 84 17 8 		
	·		•					
Principal Plac	e of Business	Mailing Address		. '		***************************************		
9325 SEMINOLE BLVD. 9325 SEMINOLE BLVD.					ē			
SEMINOLE FL 33772 SEMINOLE FL 34642								
US				- D-4-1	DO NOT WRITE IN	THIS SPACE		
		,			ncorporated or Qualifed 7/1993			
2. Principal P	Place of Business	2a. Mailing Address		4. FEI N	umber	App	ied For	
21	· ·	26		59-3	204980	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			E Cortifo	cate of Status Desired	\$8.75 Ad	lditional		
22		27		5. Certifo	ate of Status Desired	Fee Req	uired	
	City & State City & State			6. Election Campaign		\$5.00 M	lay Be	
23	28			Trust Fund Contribution		Added to	Fees -	
Zip			Country	Country 8, This corporation owes the current ye				
24 25 29 30								
9. Name and Address of Current Registered Agent 81 Name					and Address of New Registe	ered Agent		
FFIN	IMAN, SHERYL N	alta at the second of the second	81 N	ame	•		•	
S 5 032	SEMINOLE BLVD.	•	82 S	treet Address (P.O. Bo	x Number is Not Acceptable)	 		
SEMINOLE FL 33772					Complete and the facility of a warmer south	Corts in the company	1-45 11 1-51	
GLIMITULE FL 33/12			83	}		建设计算机		
			84 C	ity .	4-10-10-10-10-10-10-10-10-10-10-10-10-10-	85 Zip Co	ode	
entire states with		AND TO THE TO A CONTROL OF THE ADDRESS OF THE ADDRE				FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statu Florida: Such channe was a	tes, the above-na	med corporation submi	its this statement for the purpor directors. I hereby accept the a	se of changing its re	egistered stered	
ಿ agent. I a	im familiar with, and accept the obligation	ns of, Section 607.0505, Flo	orida Statutes.	obipolation o board or	anoctore. Thereby accept the c	appointment do rogi	0.0,00	
SIGNATURE	<u> </u>			•				
	Signature, typed or printed name of registered agent a			nature required when reinstating				
12.	OFFICERS AND	DELETE	13.		ONS/CHANGES TO OFFICER	S AND DIRECTOR Change	S IN 12 Addition	
TITLE	FEINMAN, SHERYL N			(4)27	Marago .	☐ Cliarige	Addition	
NAME ,	9325 SEMINOLE BLVD.		1.2 NAME		•	;		
STREET ADDRESS	SEMINOLE FL	ř.	1.3 STREET ADD	1				
CITY-ST-ZIP	SEMINULE FL	— — — — — — — — — — — — — — — — — — —	1.4 CITY-ST-ZIP	'				
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME	<i>'</i>				
STREET ADDRESS			2.3 STREET ADD					
CITY-ST-ZIP			1	RESS		. -	*	
TITLE			2. 4 CITY- ST- ZIF	-	· · · · · · · · · · · · · · · · · · ·		C*1 4	
J 5 5 4 5	Maria Stalia (1907)	DELETE	3.1 TITLE	-		☐ Change	Addition	
NAME,	(Mr. Yelk) Selena esto)	DELETE	_	-		☐ Change	Addition	
NAME,	2.600, 20024, 3 (568400, 50020) (772 (86940, 50020) (772	DELETE	3.1 TITLE	3	Station with the tende	☐ Change	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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

35% (32) x (33) 2.

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

☐ Addition

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90020 049 ***150.00