

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000071453 (3)

1. Corporation Name
SLOP ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4101 SW 47TH AVE.
SUITE 105
DAVIE FL 33314

4101 SW 47TH AVE.
SUITE 105
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

4. FEI Number

65-0446579

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 3931 SW 47th Avenue

Suite, Apt. #, etc.

22 Suite 104

City & State

23 DAVIE, FL

Zip

24 33314

Country

25 USA

2a. Mailing Address

26 3931 SW 47th Avenue

Suite, Apt. #, etc.

27 Suite 104

City & State

28 DAVIE, FL

Zip

29 33314

Country

30 USA

9. Name and Address of Current Registered Agent

SLOP, KIMBERLY
4101 SW 47TH AVE.
SUITE 105
DAVIE FL

10. Name and Address of New Registered Agent

81 Name

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

3931 SW 47th Avenue

83 Suite 104

84 City

DAVIE

FL

85 Zip Code

33314

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

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SLOP, MARK R
STREET ADDRESS 4101 SW 47TH AVE., SUITE 105
CITY-ST-ZIP DAVIE FL 33314

TITLE DVST ☐ DELETE

NAME SLOP, KIMBERLY
STREET ADDRESS 4101 SW 47TH AVE., SUITE 105
CITY-ST-ZIP DAVIE FL 33314

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3931 SW 47th Avenue Suite 104

1.4 CITY-ST-ZIP DAVIE, FL 33314

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3931 SW 47th Avenue Suite 104

2.4 CITY-ST-ZIP DAVIE, FL 33314

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 as an attachment with an address.

CP2E034 (10/97)