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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000056391**1. Corporation Name

SLT TRADING CORPORATION

Principal Place of Business	Mailing Address	
111 PRESIDENTIAL BLVD. SUITE 230 BALA CYNWYD PA 19004	111 PRESIDENTIAL BLVD. Suite 230 Bala Cynwyd Pa 19004	

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DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 07/29/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3262704	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	*****			8.75 Additional Fee Required
City & Stat	e	City & State			1	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Countr			
24	25	29	30		Toronal Tropolity	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Age	nt
Thir	OTEO OTALITONI		81	Name		,
	STER, STANTON L	*	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	SEABREEZE BLVD.					
DAY	TONA BEACH FL 32118		83	3		
			84	City	8	5 Zip Code
			104	of City	FL °	5
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such change was au	thorized by	the corporation	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointment	nging its registered ant as registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Such chan ge was au gations of, Section 607.0505, Flori	thorized by ida Statute	/ the corporatio s.	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointme	nging its registered ant as registered
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CITY-ST-ZIP 6.4 CITY-ST-2IP 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 of 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 allocament will) an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CR2E034 (11/98)

Change

Change

Addition

☐ Addition