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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500001366 (0)

SLUIS VENTURES, INC.

Principal Place	o of Pusiones	Mailing Address				
2922 FORSYTH	ROAD	2922 FORSYTH RO	2 FORSYTH ROAD			
WINTER PARK	FL 32792	WINTER PARK FL	32792-6612			
						3. Date incorporated or Qualified 3a. Date of Last Report 01/03/1995 05/01/1996
2. Principal Pl	lace of Business	2a. Mailing Addre	ss			4. FEI Number Applied For
21		26				59-3301873 Not Applica
Suite Apt	# etc.	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired See Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Ζφ 24	Country 25	Zip 29	30 Cou	ıuy		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No
241	9. Name and Address of Cu	The second secon				10. Name and Address of New Registered Agent
SLUI	IS, RICHARD			B1 Nan	ne ·	
2922 FORSYTH ROAD				82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)
WIN		83	· · · · · · · · · · · · · · · · · · ·			
					,	
			ì	B4 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registere	d agent and little if applicable	(NOTE: Registered			oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registers as when reinstating) DATE
12.		AND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE NAME	D Sluis, Richard	⊥ Der	ETE 1.1 TIT		P	m oldinge to our
STREET ADDRESS	2922 FORSYTH ROAD			reet addre:	ss	
CI1Y+\$1-7IP	WINTER PARK FL 32792	····		Y-ST-ZIP		
TITLE		[] DEL	1			S/T Change X Add
NAME STREET ADORESS			22 NA	ME REET ADDRE:		UIS, STEPHANIE 71 MEADOWGOLD LN.
STREET ADDRESS CITY - ST-ZIP			1	ry-st-zip		INTER PARK, FL 32792
TITLE		☐ DEL		·		☐ Change ☐ Add
NAME			3.2 NA	ME		
STREET ADDRESS			L I	EET ADDRE	SS	
CITY-S1-7:F TITLE		DEL		TY-ST-ZIP I F		Change Add
NAME .		47.5	4. 2 N			
STREET ADDRESS			4.3 ST	REET ADDRE	ss	
CITY+ST-ZIP		····		Y-\$1-ZIP		
HILLÉ		[_] DEL				Change Add
NAME			52 NA			
STREET ADDRESS			1	REET ADDRE Y+ST-ZIP	22	
TITLE		☐ DEL			_	☐ Change ☐ Add
NAME			6.2 NA		}	
STREET ADDRESS			1	REET AODRE	ss	
CITY-ST-ZIP				Y-ST-ZIP		
informatio	on indicated on this annual report	or supplemental annual re in or the receiver or trustee	port is true and a empowered to a	ccurate t	and that i	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; t as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

407-679-1231

FILED

May 14 1997 8:00am

Secretary of State

0077086