

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000003823 (8)

1. Corporation Name

SL ACQUIRING COMPANY
DBA LINTON TRUSS CORPORATION

N/C 2/28/96
PKB

Principal Place of Business

Mailing Address

C/O SELDAN A. LAZAROW
19921 BOCA WEST DRIVE
BOCA RATON FL 33434

C/O SELDAN A. LAZAROW
19921 BOCA WEST DRIVE
BOCA RATON FL 33434



2. Principal Place of Business

2a. Mailing Address

21 1455 SW 4th AVENUE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 DELRAY BEACH FL

27 City & State

24 Zip 33444 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

JAN 1995

4. FEI Number

65-0546481

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MORANTE, THOMAS F.
200 DISCAYNE BLVD.
SUITE 3750
MIAMI FL

81 Name SELDAN A. LAZAROW

82 Street Address (P.O. Box Number is Not Acceptable)
19221 BOCA WEST DRIVE

83 UNIT 3181

84 City BOCA RATON

FL

85 Zip Code 33434

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 *Seldan A. Lazarow*

SEL D A N A L A Z A R O W , P R E S

2/2/96

Signature typed or printed name of registered agent and identical applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D P C S T ☐ DELETE

NAME LAZAROW, SELDAN A
STREET ADDRESS 19921 BOCA WEST DRIVE
CITY-ST-ZIP BOCA RATON FL 33434

1.1 TITLE

☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME ROBERT B NICKLIN
STREET ADDRESS 1455 SW 4th AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

2.1 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME NORMAN FEINTUCK
STREET ADDRESS 4751 BOCAIRE BOULEVARD
CITY-ST-ZIP BOCA RATON FL 33487

2.2 NAME

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ANDY CLAPP
STREET ADDRESS C/O 150 FEDERAL STREET
CITY-ST-ZIP BOSTON, MA 02110

2.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ROBERT A. COMEY
STREET ADDRESS C/O 101 SECOND STREET SE
CITY-ST-ZIP CEDAR RAPIDS, IOWA 52401

3.1 TITLE

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME JOHN RITTER
STREET ADDRESS C/O 100 PEARL STREET
CITY-ST-ZIP HARTFORD, CT 06103

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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-03/15/96--01036--004
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Seldan A. Lazarow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)