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 # POSOCOCA176 (8)

1. Corporation Name SLIDE SEAL, INC. Principal Place of Business 812-D 3RD STREET NORTH SAFETY HARBOR FL 34695	Mailing Address 912-0 3RD STREET NORTH SAFETY HARBOR FL 34695			
				Date of Last Report 4/12/1996
Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-055 1557	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for intangit	Added to Fees ble tax under s. 199.032,
24 25 9. Name and Address of Current		30	Florida Statutes Yes 10. Name and Address of New Registers	
BRESSLER, NEAL C		81 Name		
912-D 3RD STREET NORTH		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SAFETY HARBOR FL 34695		83		
		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligat SIGNATURE Signature types or printed name of registered agent. 12. OFFICERS AND	and title if applicable. (NOTE	as, the above-named corp unthorized by the corporati rida Statutes. • Registered Agent signature require 13.		
THE P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
MAME BRESSLER, NEAL C		1.2 NAME		_ , _
SIREFT ADDRESS' 912-D 3RD STREET NORTH		1.3 STREET ADDRESS		
CHY-SY-ZIP SAFETY HARBOR FL 34695	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE COUNTY OF THE PROPERTY O	□ vecere	2.1 TITLE 2.2 NAME		Change C Addition
STREET ADDRESS 103 E. MAGNOLIA STREET		2.3 STREET ADDRESS	,	;•
CITY-ST-ZIP LEESBURG FL 34749		2.4 City-St-ZiP		
TILLE	☐ DELETE	3 1 TITLE		Change Addition
NAME.		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS City-SI-7ip		3.4 CITY-ST-ZIP		
BILE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS				
		4.3 STREET ADDRESS		
CHY-S1-74P	DELETE	4.3 STREET ADDRESS 4.4 City-St-Zip		Change Addition
THE NAME	☐ DELETE	4.3 STREET ADDRESS		Change Addition
TILE	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	·	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP		
TILE NAM: STHEET ADDRESS	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

14. I do 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 ind-cated 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 13 if changed, or on an attachment with an address. SIGNATURE: NEAL CERESCOUS PROSECULAR SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR DATE OF DATE OF DATE OF DIRECTOR DATE OF D

FILED

May 23 1997 8:00am

Secretary of State