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

PROFIT CORPORATION ANNUAL REPORT



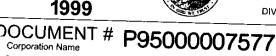
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90142 019 ***150.00



S.L.C. GROUP, INC. incipal Place of Business Mailing Address O S UPPER MANATEE RIVER RD ADENTON FL 34202 Principal Place of Business 2a 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State

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Zip

9. Name and Address of Current Registered Agent WYCKOFF, MICHAEL D 802 11TH ST. WEST **BRADENTON FL 34205**

Country

O. BOX 20553 RADENTON FL 34203	
S	DO NOT WRITE IN THIS SPACE
	Date Incorporated or Qualifed
ı. Mailing Address	01/30/1995

	01/30/1995				
	4. FEI Number		Applied For		
_	65-0562164		Not Applicable		
_	5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
ĺ	This corporation owes the curre Personal Property Tax.	ent year			
_	10 Name and Address of Name D				

				r your mangible			
		Personal Property Tax	ζ.		□ Y€	s	□No
		10. Name and Address (of New Registe	Tod A	cont		
81	Name				geni		
_							
82	Street Add	ress (P.O. Box Number is Not	Acceptable)				
			, , , , , , , , , , , , , , , , , , , ,				
83							
84	City				100		
- 1	-			=) i	85	Zip Co	ode
				_	1 1		

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 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.

Country

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IATURE	Slavet				
	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE	Registered Agent signature require	d when reinstating)	
	OFFICERS AND	DIRECTORS	13.		
	P	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
	SAMUEL I. CARUSO		1.2 NAME	☐ Chan	ge
TADDRESS			1.3 STREET ADDRESS		
T-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
	-	☐ DELETE	2.1 TITLE		
i			1	☐ Chane	e Addition
ADDRESS			2.2 NAME		ļ
-ZIP			2.3 STREET ADDRESS		
		☐ DELETE	2.4 CITY-ST-ZIP		Ì
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ADDRESS			3.2 NAME	-	
- ZIP			3.3 STREET ADDRESS		ſ
		<u>_</u>	3.4. CITY-ST-ZIP		ļ
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ADDRESS			4. 2 NAME	- Charge	Addition
			4.3 STREET ADDRESS	·	f
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			6.2 NAME	☐ Change	Addition
DDRESS			6.3 STREET ADDRESS		ł
IP			6.4 City-St-ZiP		j
ereby cer	tify that the information supplied with the	in filtre de	0.7 GH 1-31-ZIP		[

ereby 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 card 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 all 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 address, with all other like empowered.