

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

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000015590 (9)**

1. Corporation Name

**SLATON INSURANCE OF ORLANDO, INC.**



Principal Place of Business	Mailing Address
<b>MENDOZA, CALLAS &amp; SCHILLING 251 ROYAL PALM WAY, 6TH FLOOR PALM BEACH FL 33480 US</b>	<b>MEDOZA, CALLAS &amp; SCHILLING 251 ROYAL PALM WAY, 6TH FLOOR PALM BEACH FL 33480-4302 US</b>

3. Date Incorporated or Qualified <b>02/21/1995</b>	3a. Date of Last Report <b>04/01/1996</b>
4. FEI Number <b>59-3301204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G III  
251 ROYAL PALM WAY  
6TH FLOOR  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	DE MENDOZA, MARIO G	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FLOOR	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	GILBERT, ROBERT	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FLOOR	
CITY-ST-ZIP	PALM BCH FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BREEDLOVE, JAMES L.	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FLOOR	
CITY-ST-ZIP	PALM BCH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILKINSON, DEBRA	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FLOOR	
CITY-ST-ZIP	PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 in an attachment with an address.

SIGNATURE: **X** *James L. Breedlove* **X** 4-3-97 561/683-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0334644

CR2E034 (9/96)