

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

FILED

Feb 06 1997 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                  |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **P95000025045 (2)**

1. Corporation Name  
**S.L. DEVELOPMENT OF SOUTH FLORIDA, INC.**



|                                                                                                  |                                                                                           |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>750 E. SAMPLE RD.<br/>SUITE 234<br/>POMPANO BEACH FL 33064</b> | Mailing Address<br><b>750 E. SAMPLE RD.<br/>SUITE 234<br/>POMPANO BEACH FL 33064-5138</b> |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                        |  |                                                                             |  |                                                                                                                                                             |                                                        |
|----------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>868 N.W. 42nd PLACE</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 <b>868 N.W. 42nd PLACE</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>03/27/1995</b>                                                                                                      | 3a. Date of Last Report<br><b>06/03/1996</b>           |
| 22 City & State<br><b>POMPANO BEACH, FL.</b>                                           |  | 27 City & State<br><b>POMPANO BEACH, FL.</b>                                |  | 4. FEI Number<br><b>65-0572221</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 23 Zip<br><b>33064</b>                                                                 |  | 28 Zip<br><b>33064</b>                                                      |  | 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                  |
| 24 Country<br><b>FLORIDA</b>                                                           |  | 29 Country<br><b>FLORIDA</b>                                                |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                     |
| 25 <b>POMPANO BEACH</b>                                                                |  | 30 <b>POMPANO BEACH</b>                                                     |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                                      |                                                                                     |                                              |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>ZAHN, ROGER<br/>750 E. SAMPLE RD.<br/>SUITE 234<br/>POMPANO BEACH FL 33064</b> |                                                                                     | 10. Name and Address of New Registered Agent |                                     |
| 81 Name<br><b>ZAHN, ROGER</b>                                                                                                        | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>868 N.W. 42nd PLACE</b> | 83                                           | 84 City<br><b>POMPANO BEACH, FL</b> |
|                                                                                                                                      |                                                                                     |                                              | 85 Zip Code<br><b>33064</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                       |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|--------------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br><b>PD</b>                               | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>LAZNICKA, SIDONIUS</b>                |                                 | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>6976 LUGANO-CASTAGNOLA</b>  |                                 | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP<br><b>SCHWEIZ, SWITZERLAND</b>       |                                 | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>VSD</b>                              | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>KAISER, SONNY</b>                     |                                 | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>6976 LUGANO-CASTAGNOLA</b>  |                                 | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP<br><b>SCHWEIZ, SWITZERLAND</b>       |                                 | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE<br><b>VSD</b>                              | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ZAHN, ROGER</b>                       |                                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS<br><b>750 E. SAMPLE RD., #234</b> |                                 | 3.3 STREET ADDRESS<br><b>868 N.W. 42nd PLACE</b>      |                                                                              |
| CITY-ST-ZIP<br><b>POMPANO BEACH FL 33064</b>     |                                 | 3.4 CITY-ST-ZIP<br><b>POMPANO BEACH, FL 33064</b>     |                                                                              |
| TITLE                                            | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                             |                                 | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS                                   |                                 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                      |                                 | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                            | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                             |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS                                   |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                      |                                 | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                                            | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                             |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS                                   |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                                      |                                 | 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 on an attachment with an address.

SIGNATURE: Roger Zahn 1/29/97 954-786-0528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)