

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000032218 (6)

1. Corporation Name  
SLG ENTERPRISES, INC.

Principal Place of Business  
1851 PALM BAY RD.  
#2  
PALM BAY FL 32905

Mailing Address  
1851 PALM BAY RD.  
#2  
PALM BAY FL 32905-2921



3. Date Incorporated or Qualified 04/25/1995  
3a. Date of Last Report 07/11/1996

|   |  |                     |  |  |  |   |  |
|---|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address |  | 4. FEI Number 59-3310385                               |  | Applied For   |  |
| 21  |  | 26                  |  |  |  | Not Applicable  |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired                       |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 22  |  | 27                  |  |  |  |   |  |
| City & State                                    |  | City & State        |  | 6. Election Campaign Financing Trust Fund Contribution |  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |  |
| 23  |  | 28                  |  |  |  |   |  |
| Zip   |  | Country             |  | Zip  |  | Country   |  |
| 24  |  | 25                  |  | 29   |  | 30  |  |
| 9. Name and Address of Current Registered Agent |  |                     |  | 10. Name and Address of New Registered Agent           |  |   |  |

KANAKAMEDALA, MADAN M  
668 DI LIDO STREET NE  
PALM BAY FL 32907

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

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                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KANAKAMEDALA, KALPANA             | 1.2 NAME  |   |
| STREET ADDRESS             | 668 DI LIDO STREET NORTHEAST      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PALM BAY FL 32907                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KANAKAMEDALA, MADAN M             | 2.2 NAME  |   |
| STREET ADDRESS             | 668 DI LIDO STREET NORTHEAST      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PALM BAY FL 32907                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |   |
| 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: *K. Madan Mohan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-97 407-725-0745  
Date Daytime Phone #

CR2E034 (9/96)