

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name
SLC ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4632 HICKORY SHORES BLVD. GULF BREEZE FL 32561	4632 HICKORY SHORES BLVD. GULF BREEZE FL 32561

3. Date Incorporated or Qualified
04/26/1995

2. Principal Place of Business		2a. Mailing Address	
21	SAME	26	SAME
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	—	27	—
City & State		City & State	
23	GULF BREEZE, FL.	28	GULF BREEZE, FL.
Zip	Country	Zip	Country
24	32561	25	SANTA ROSA
29	32561	30	SANTA ROSA

4. FEI Number 59-3310016		Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
CUPACH, STEVEN	81 Name
4632 HICKORY SHORES BLVD.	82 Street Address
GULF BREEZE FL 32561	83
	84 City

10. Name and Address of New Registered Agent

s (P.O. Box Number Is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS	13.
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	CUPACH, STEVEN		1.2 NAME
STREET ADDRESS	4632 HICKORY SHORES BLVD.		1.3 STREET ADDRESS
CITY - ST - ZIP	GULF BREEZE FL 32561		1.4 CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	CUPACH, LINDA P		2.2 NAME
STREET ADDRESS	4632 HICKORY SHORES BLVD.		2.3 STREET ADDRESS
CITY - ST - ZIP	GULF BREEZE FL 32561		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
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
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
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
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STEVEN CUPACH

1/4/98 850-934-01

CR2E034 (10/97)