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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

DOCUMENT # P9500036206 (7) SLUSH FUN, INC.					
Principal Place of Business Mailing Address					in antil Libil Oblid Bill (Ab)
955 SHOTGUN ROAD 955 SHOTGUN ROAD		955 SHOTGUN ROAD		Ì	
SUNRISE FL 33326 SUNRISE FL 33326				DO NOT WRITE IN THIS	20405
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				05/04/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0581034	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Coupley	710	Country	Trust Fund Contribution	Added to Fees
24 24	Country 25	Zip 29	30	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible ☑ Yes ☐ No
24]	g. Name and Address of Current		[30]	10. Name and Address of New Registered	
MCCOMB, BRIAN R 81 Name					
955 SHOTGUN ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33326			oz Sireei /	Audress (F.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				FL	.
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					
12.	Signature, typied or printed name of registered agent OFFICERS AND		Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE NO ANI	Change Addition
NAME	PIEDRA, RAUL JR		1.2 NAME		_ , _
STREET ADDRESS	771 NW 101 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY+ST-ZIP		Ì
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	DAVIS, DONALD L		2.2 NAME	· · · ·	
STREET ADDRESS	11130 N.W. 26TH DRIVE		2.3 STREET ADDRESS	6369 N.W. 120 Drive	
CITY ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-ST-ZIP	Coral Springs, FL 330	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	RIBANDO, JOHN L		3.2 NAME	300 30 50	
STREET ADDRESS	634 1ST AVENUE S.E. LE MARS IA 51031		3.3 STREET ADDRESS	100 10 Street S.W.	
CITY-ST-ZIP TITLE	D TE MANS IN STUST	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Le Mars, IA 51031	Change Addition
NAME	SRAMEK, JAMES J	ר"ו מברבור	4.1 IIILE 4.2 NAME		C Change C Audition
STREET ADDRESS	433 GATEFORD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BALLWIN MO 63021		4.4 City-St-ZiP		
TOLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP			5.4 CHTY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		•
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I hereby c	certify that the information supplied with	n this filing does not qualify fo	or the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information

4. I 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 suppliemental appuartersor! 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 precious true appears in Block 12 or Block 13 if changed, or or attachment with an address.

SIGNATURE:

appropriate total (181)

Daytime Phone # 02980