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FILED
Aug 07 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 # P95000080822 (6)

1. Corporation Name
THE ROLLING SLOANS, INC.



Principal Place of Business

2180 KEEN RD
FT PIERCE FL 34947

Mailing Address

2180 KEEN RD
FT PIERCE FL 34948-2003

2. Principal Place of Business

21 2190 Keen Rd

Suite, Apt. #, etc.

22 City & State

23 Fort Pierce FL

24 Zip 34946

25 Country St. Lucie

2a. Mailing Address

26 330 Dixon DR.

Suite, Apt. #, etc.

27 City & State

28 Fort Pierce FL

29 Zip 34982

30 Country St. Lucie

3. Date Incorporated or Qualified
10/20/1995

3a. Date of Last Report
10/25/1996

4. FEI Number
65-0650703

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ABERNETHY, BRUCE R JR
900 VIRGINIA AVE
SUITE 6
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name

Susan Tibbo

82 Street

330 DIXON DRIVE

83

84 City

Fort Pierce

FL

85 Zip Code

34982

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

Susan Tibbo

Sec.

7/28/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SLOAN, MICHAEL M
STREET ADDRESS 2180 KEEN RD.
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 on an attachment with an address.

SIGNATURE

4/28/97

CR2E034 (9/96)