

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088644 (6)

1. Corporation Name

SLIM PATCH, INC.



Principal Place of Business

Mailing Address

2699 STIRLING ROAD
SUITE C-407
FT. LAUDERDALE FL 33312

2699 STIRLING ROAD
SUITE C-407
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6200 STIRLING ROAD

26 6200 STIRLING ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DAVIE, FL

28 DAVIE, FL

24 Zip

25 Country

29 Zip

30 Country

33024

BROWARD

33024

BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TISHMAN, WILLIAM J
18901 OAKMONT DRIVE
MIAMI FL 33015

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

Signature of Registered Agent

(NOTE: Registered Agent Signature Required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	☐ DELETE
NAME	TISHMAN, WILLIAM J	
STREET ADDRESS	18901 OAKMONT DRIVE	
CITY - ST - ZIP	MIAMI FL 33015	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	5171D	☒ Change ☐ Addition
12 NAME	TISHMAN, WILLIAM J.	
13 STREET ADDRESS	18901 OAKMONT DRIVE	
14 CITY - ST - ZIP	MIAMI, FL 33015	
21 TITLE	P	☐ Change ☒ Addition
22 NAME	BOTKNECHT, JONAH DR	
23 STREET ADDRESS	3830 N. 36th STREET	
24 CITY - ST - ZIP	HOLLYWOOD, FL 33021	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. JONAH BOTKNECHT

6/13/96

(954) 964-6774

CR2E034 (3/96)