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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010570 (5)

1. Corporation Name SLUKA, INC. Principal Place of Business 1391 N.W. 112TH WAY CORAL SPRINGS FL 33065 Principal Place of Business Mailing Address 1391 N.W. 112TH WAY CORAL SPRINGS FL 33071-6462					71 -6462	- 				
							 Date Incorporated or Qualified 02/02/1996 	3a. D	ate of Last R	leport
2. Principal	Place of Busin	ness	2a. Mailing A	Address		·····	4. FEI Number			oplied For
21			[26]				65-0644/5	يت		ot Applicable
Suite, Ab	t #. etc.		Suite, Ap	ot. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
22 City & Sta	ate		City & St	ale			Election Campaign Financing	······································		May Be
23			28				Trust Fund Contribution			to Fees
Zip		Country	Zip		Countr	У	8. This corporation has liability for	or intangible	e tax under s	. 199.032,
24 3.2	3071	25 BROWAR	D 29		30	. 	Florida Statutes	Yes	No	
		and Address of Curre	nt Registered Age	enl		1.5	10. Name and Address of New	Registered	Agent	
	EDA, JOHN		••		81	Name		`		
	91 N.W. 112				82	Street Add	dress (P.O. Box Number is Not Accept	table)		
CC	IHAL SPRING	3S FL 33065			83	 				
						1				
					84	4 City		Fl	85 Zip	Code
office of	rregistered ag	jent, or both, in the State	e of Florida. Such d	change was	authorized b	by the corpora	ation's board of directors. I hereby acc	cept the ap	pointment as	registerea
SIGNATURE		or printed name of registered ag	part and trie if applicable		ITE: Registered Ac		rporation submits this statement for the ation's board of directors. I hereby acc jured when reinstating)	DATE	LIS	
SIGNATUH	Jan Sand	or printed name of registered ag	junt and trie if applicable	(NC	TE: Registered Ac	gent signature requ		DATE	D DIRECTOR	RS IN 12
SIGNATURE 12.	D	or printed name of righteenst ag OFFICERS AN	junt and trie if applicable		TE: Registered Ac	gent signature requ	uired when reinstating)	DATE	LIS	RS IN 12
SIGNATURE 12. THE NAME	D FREDA,	or pointed native of registered ag OFFICERS AN	junt and trie if applicable	(NC	11E Registered Ac 13. 1.1 TITLE 1.2 NAME	geni signature requ	uired when reinstating)	DATE	D DIRECTOR	RS IN 12
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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3//97 9543440027 Date Dayline Prione #

FILED

Apr 04 1997 8:00am

Secretary of State

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