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

DOCUMENT # P96000063084 (3)

DAVID G. SLOTHOWER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
3270 SOUTH SHORE DRIVE #74-B PUNTA GORDA FL 33955	3270 SOUTH SHORE DRIVE #74-B PUNTA GORDA FL 33955	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1996 FFI Number Applied For 36-3812902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SLOTHOWER, DAVID G JR 3270 SOUTH SHORE DRIVE Street Address (P.O. Box Number Is Not Acceptable) #74-B PUNTA GORDA FL 33955 City Zip Code 85 FI 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETÉ 1,1 TITLE Change NAME SLOTHOWER, DAVID G JR 1.2 NAME 3270 S SHORE DR., #74-B STREET ADDRESS 1.3 STREET ADDRESS PUNTA GORDA FL 33955 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIF 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME

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)(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 change it, or on an attachment with an address

David & Stoth wer EQUIRED

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

941-639-6210