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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090322 (4)

SLING ENTERPRISES, INC.

Principal Place of Business		Mailing Address			r and in Sale and sheet dater and en dater batter and en dater and en
	ILL ISLAND DRIVE EACH FL 32937	711 HAWKSBILL ISLAN SATELLITE BEACH FL			
3111900110 01		,			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					11/04/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 69 Applied For
21		26			APPLIED FOR 34/2356 Not Applicable
Suite, Apt.	f, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			Fee Required
City & State	!	City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Count	lry	This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30 Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
STI	LLIE, EDWARD		8	1 Name	
711 HAWKSBILL ISLAND DRIVE				2 Street Add	dress (P.O. Box Number is Not Acceptable)
SATELLITE BEACH FL 32937					
			8	3	
			ļ.,	4 City	■■ 85 Zip Code
			-	1 - 7	₽ L ∤ † '
SIGNATURE	n familiar with, and accept the oblin				poration submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered
12.		ND DIRI CTORS	13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO	DELETE	1.13914	- 1-	Change Addition
NAME	STILLIE, EDWARD L		1.2 NAM	1	
STREET ADDRESS	711 HAWKSBILL ISLAND DI	p		ET ADDRESS	
	SATELLITE BCH FL	14		1	
CITY-ST-ZIP TITLE	SATECLIE DON FL	DELETE	2.1 3010	- S1- ZIP	Change Addition
		□ ottere	2.2 NAM	1	
NAME				1	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CH	7 - \$1 - ZIP	Change Addition
TITLE		pricit	3.1 IIILI 3.2 NAM	1	E County E / Auditor
NAME				·	
STREET ADDRESS				E1 ADDRESS	
CITY-ST-ZIP		DELETE		7 - \$1 - ZIP	Change Addition
TITLE		L) btttlf	4.1 1111.1		Change C Adoutor
NAME			4. 2 NAN		
PEDECT ADADECC			■ A 2 C108	CLADADECC 1	

CITY-ST-ZIP 14. Thereby 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 officer or director of the corporation Block 12 or Block 13 if chapter

4.4 C(1Y - S1 - Z(P

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 C(1Y - S1 - Z(P

5.4 C(1Y - S1 - 2(P

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

11/2/20

Change

☐ Change

Addition

Addition

FILED

Apr 14 1998 8:00am

Secretary of State