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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State

**FILED** Mar 12 1998 8:00am Secretary of State

	1998	DIVISIONO	r CONFONATIONS		٦.			
	MENT # P9700 SLABS INC.	00005280 (7	')		10 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11 24 11		are will abou	
Principal Plac	on of Business	Mailing Address			ITA OBEA DE AL OBIA BOAR D	DIOLONIC NOCH IN	HA DANA HODA	
Principal Place of Business Mailing Address  3876 PROSPECT AVE 3876 PROSPECT AVE								
SUITE #23 SUITE #23								
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404				L	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
				3. Date incorporated 01/13/1997	or Qualified			
2. Principal F	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number		Ac	plied For	
21 26				US 0724	148		ot Applicable	
Suite, Apt.	Suite, Apt. #, etc. J Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75		
27 City & State City & State						Fee Re		
City & State         City & State           23         28				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees				
Zip	Country	Zip	Country	8. This corporation ow				
24	25	29	30	Personal Property T	,		No	
	g. Name and Address of Curre	ent Registered Agent		10. Name and Addres	s of New Registere	d Agent		
	OLLIS, MIKE		81 Name				ļ	
38	78 PROSPECT AVE	Address (P.O. Box Number is I	lot Acceptable)					
	JITE #23		83					
, RIV	VIERA BEACH FL 33404		63					
. A			84 City		F	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the above-named	corporation submits this stater			s registered	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli	te of Florida. Such change wa nations of, Section 607,0505.	is authorized by the corp Florida Statutes.	poration's board of directors. I I	ereby accept the ap	pointment as	registered	
SIGNATURE	The second second second second	gramma (a), Destruction (b)					ļ	
ļ <u></u> _	Signature, typed or printed name of ringi dered a	· · · · · · · · · · · · · · · · · · ·	IOTF: Registered Agent signature		DATE			
12.	OFFICERS AI	ND DIRECTORS DELETE	13.	ADDITIONS/CHANG	S TO OFFICERS AN	ND DIRECTOR	S IN 12	
TITLE NAME	WITTERS, JON M	□ Dett it	1.1 TITLE 1.2 NAME	wittens son	m	TEL CIRILLE	LT MOUITON	
STREET ADDRESS	110 CLIPPEN		1.3 STREET ADDRESS	W Canliste	CY			
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZiP	Palm Brach	Gandrins	3341	8	
TITLE		☐ DELF1E	2.1 TITLE	70(1)(		Change	Addition	
NAME			2.2 NAME				-	
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		₩ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME				ĺ	
STREET ADDRESS			3 3 STREET ADDRESS					
CITY-SI-ZIP		DELETE	3.4. CITY - ST - 2IP			Change	Addition	
NAME		La Dittit	4.1 TILLE 4.2 NAME			change		
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP				l	
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADORESS	B			1	
CITY-ST-ZIP	certify that the information surveyed	with this filling does not qualify	64 CRY+ST-ZIP	nd in Section 119 07(3)(i) Florid	a Statutes I further	certify that the	Information	
Indicated	certify that the information supplied on this annual report of supplemen	tal annual report is true and a	ccurate and that my sig	nature shall have the same leg	al effect as if made u	inder oath; tha	it i am an	

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**