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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morfham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055931 (4)

SURE SLOT MANUFACTURING CO.

FILED May 20 1998 8:00am Secretary of State



| Principal Place of Business 3414 GOLF HAVEN TERRACE SEBRING FL 33872 2. Principal Place of Business 21 5339 Fonce J Suite, Apt. #, etc. | | Mailing Address P.O. BOX 685 AVON PARK FL 33826 | | | |
|---|----------------------------------|---|-----------------|-------------------|--|
| 2. Principal Place of Business 21 5339 Tonce D | | | | | |
| 21 5229 fonces | | | | | DO NOT WRITE IN THE CRACE |
| 21 5229 fonces | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| 21 5229 fonces | | | | | 06/25/1997 |
| 21 5229 fonces | 1 11 . 2 | a. Mailing Address | | | 4. FEJ Number Applied F |
| | e Leon Bled 26 | 7 | | | 65-077/635 Not Applie |
| | | Suite, Apt. #, etc. | | | S8.75 Addition |
| 22 | 27 | | · | | 5. Certificate of Status Desired Fee Required |
| City & State | 11 | City & State | | | 6. Election Campaign Financing \$5.00 May B |
| 23 SEBRING | <i>JL</i> 28 | | 1 2 | | Trust Fund Contribution |
| — a a a a a a a a a a a a a a a a a a a | USA 20 | Zip | Coun | ıry | a. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | レン/ナ 29 ddress of Current Reg | | 30 | | 10. Name and Address of New Registered Agent |
| ADLER, JOAN F | | | | 31 Nam | |
| 3414 GOLF HAVEN | TERRACE | | ļ. | 20 0 | JOAN F. Adler |
| SEBRING FL 33872 | | |], | 32 Stree | et Address (P.O. Box Number is Not Adjeptable) |
| OFFINITO I F 00015 | | | ļī. | 33 | |
| | | | \. | 34 City | or Za Cada |
| | | | [' | City | Se <i>BRING</i> FL ** 33%/ |
| Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and. | both, in the State of Flo | rida. Such change was | authorized | by the co | ed corporation submits this statement for the purpose of changing its regist orporation's board of directors. I hereby accept the appointment as registe |
| SIGNATURE | | | | | |
| | d name of registered agent and t | | I∤ : Registered | Agent signatu | ure required when reinstating) DATE |
| 12. | OFFICERS AND DIR | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE D, T, | - T Va. 1 | DELETE | 1.1 7/1 | | Change Ac |
| NAME ROBER | F. E. Newl OARK, FL | N/A | 1.2 NAM | | |
| STREET ADDRESS P.O. BOX | DARY TH | 7732806 | | EET ADDRESS | 5 |
| TITLE DUP T | SILK, JA | DELETE | 2.1 TITU | '-ST-ZIP F | Change Ac |
| | <u></u> | | 2.1 JII. | | Civilian Mr. |
| STREET ADDRESS TO AN F. | Adier bnee Del | onn BLUd | 1 | ie Eet address | s |
| CITY-ST-ZIP 5229 | ance Der | 238721 | | Y · ST - ZIP | ' |
| TITLE SELOKIA | VO - 76 | DELETE | 3.1 TITL | | ☐ Change ☐ Ad |
| NAME | | | 3.2 NAN | 1E | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | s |
| CITY-ST-ZIP | | | 3.4. CIT | Y-ST-ZIP | |
| TITLE | | DELETE | 41 1110 | E | ☐ Change ☐ Ac |
| NAME | | | 4. 2 NA | ИE | |
| STREET ADDRESS | | | 4.3 STR | EE1 ADDRESS | 5 |
| CITY-ST-ZIP | | 22.2 | | -ST-ZIP | |
| TITLE | | DELETE | 5.1 7171 | | L Change L Ac |
| NAME | | | 5.2 NAA | | |
| STREET ADDRESS | | | | EET ADDRESS | 3 |
| CITY-ST-ZIP | | - DECETE | | '-ST-ZIP | |
| TITLE | | DECETE | 6.1 TITL | | ☐ Change ☐ Ac |
| NAME | | | 6.2 NAN | | |
| STREET ADDRESS | | | | EET ADDRESS | 5 |
| CITY-ST-ZIP | nation supplied with this | : filmo does not auslifu f | | -ST-Z∤P | Ated in Section 119.07(3)(i), Florida Statutes, I further certify that the information |
| Tag. 1 Horoby Colliny that the IDION | nacon supplied with this | of report in true and see | or the exer | monon sta | signature shall have the same legal effect as if made under oath; that I am a |