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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000076465

1. Corporation Name
SLH FINANCIAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2700 W. ATLANTIC BLVD., STE. 200-23, POMPANO BEACH FL 33069
 Mailing Address: 2700 W. ATLANTIC BLVD., STE. 200-23, POMPANO BEACH FL 33069

3. Date Incorporated or Qualified
09/02/1997

2. Principal Place of Business: 7761 NW 23rd ST, Suite, Apt. #, etc.
 2a. Mailing Address: 7761 NW 23rd ST, Suite, Apt. #, etc.

4. FEI Number: **65-0777083**
 Applied For: Not Applicable

23. City & State: **Margate, FL**
 28. City & State: **Margate, FL**

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

24. Zip: **33063** Country: **US**
 29. Zip: **33063** Country: **US**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
HOBLE, SHERI L
7761 NW 23RD STREET
MARGATE FL 33063

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HOBLE, SHERI L 7761 NW 23 ST. MARGATE FL 33063	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVST HOBLE, DWAYNE E 7761 NW 23 ST. MARGATE FL 33063	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheri L Hoble **SIGNATURE REQUIRED** Date: **4/26/99** (954) 969-1044
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)