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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091133

1. Corporation Name

SLIDEMOOR, INC.

		_	
Oringinal	Diago	_f	Business
Principal	riace	O1	Dusiness

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90071 016 ***150.00



3504 SE NARRAGANSETT TERR. STUART FL 34997		3504 SE NARRAGANSETT TERR. STUART FL 34997		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					10/23/1997	_		
2. Principal Place of Business	2a. Mailing Ad	ldress			4. FEI Number	Applied For		
H	26				65-07896 <u>5</u> 6	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt.	#, etc.			1.5 Certificate of Status Desired 1.1	3.75 Additional Fee Required		
City & State	City & Sta	te			6. Election Campaign Financing	5.00 May Be		
3	28					Added to Fees		
Zip Country	Zip	Zip Country			8. This corporation owes the current year Intangib	le		
25	29	30			Personal Property Tax.	'es □No		
9. Name and Address of Current Registered Agent			I	10. Name and Address of New Registered Agent				
PARSONS, TOM D			81	Name				
3504 SE NARRAGANSETT TEF	łR.	•		Street Addre	Address (P.O. Box Number is Not Acceptable)			
STUART FL 34997			83					
			84	City	FI]85	Zìp 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 Signature, typed or printed name of registered agent and tate if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPV DELETE Change 1.1 7ITE Addition TITLE PARSONS, TOM D NAME 1.2 NAME 3504 SE NARRAGANSETT TERR. 1.3 STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PARSONS, LINDA NAME 2.2 NAME 3504 SE NARRAGANSETT-TERR. STREET ADDRESS 2.3 STREET ADDRESS STUART FL 34997 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE □ Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition me 14 July 30 30 6.2 NAME NAME **是一个企业的**中心是10世 6.3 STREET ADDRESS STREET ADDRESS 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:



CR2E034 (11/98)