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 # P98000105241

SLATER HOLDINGS, INC.

Mailing Address Principal Place of Business

May 05, 1999 8:00 am Secretary of State

05-05-1999 90013 042 ***150.00

2350 S.W. 26TH AVENUE FT. LAUDERDALE FL 33312		2350 S.W. 26TH AVENUE FT. LAUDERDALE FL 33312		DO NOT WRITE IN THIS	SPACE	:			
	<i>!</i>				3. Date Incorporated or Qualifed	017100			
					12/17/1998				
2. Principal P	Place of Business	2a. Mailing Address	,		4. FEI Number		Appl	ied For	
21		26 7210 sw. 42"	Street	+	65-0883846		Not	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u> </u>	•——		\$8.	75 Ad	Iditional	
22		27			5. Certificate of Status Desired		e Req		
City & Stat	te	City & State 28 Hiani FL			6. Election Campaign Financing Trust Fund Contribution		.00 M		
Zip 24	Country	Zip 29 33 /55 30	Country		This corporation owes the current year Int Personal Property Tax.	angible □Yes	. 1 5	■ No	
= ' 	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent			
			81	Name	8				
WHITE, DANIEL T ESQUIRE 1304 N.W. 98TH TERRACE				Stree	Street Address (P.O. Box Number is Not Acceptable)				
	ESVILLE FL 32606		83						
			. 84	City		85	Zip Co	ode	
ı		<u></u> .			<u>FL</u>				
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth	orized by	the cor	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appoint	ntment :	as regi	stered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	jistered Ager	t signatur	e required when reinstating) DATE				
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE		☐ DELETE	1.1 TITLE		(KESTOENT	☐ Cha	inge	Addition	
NAME			1.2 NAME		CHARLES & SLATER			•	
STREET ADDRESS			1.3 STREE	TADDRES	n rk / a				
CITY-ST-ZIP			1.4 CITY-S		Fort Laukerhale, FL 33212				
TITLE		☐ DELETE	2.1 TITLE			Cha	inge	Addition	
NAME		_	2.2 NAME						
STREET ADDRESS			2.3 STREE	ADDRES					
	Ĺ		2.4 CITY-8	_	~				
CITY-ST-ZIP		□ DELETE	3.1 TITLE	11-21		Cha	nge	Addition	
TITLE	· ·		3.2 NAME				-	_	
NAME			-	r ADDDC-					
STREET ADDRESS	1		3.3 STREE		»				
CITY-ST-ZIP	 	☐ DELETE	3.4, CITY-5 4.1 TITLE	si-ZIP		☐ Cha	nge.	Addition	
TITLE NAME		LI OLLEIL	4.1 IIILE 4. 2 NAME			الله الله	.5-		
STREET ADDRESS	1		4.3 STREE	T ADDRES	s				
CITY-ST-ZIP			4.4 CITY-S		,				
TITLE		☐ DELETE	5.1 TITLE			[] Cha	ange	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	r addres	s		_		
CITY-ST-ZIP	}		5.4 CITY-S	T-ZIP				1	
TITLE		☐ DELETE	6.1 TITLE			Cha	inge	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ADDRES	s				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIRECHANLES R. SLATEN