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FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61038

(8)

1. Corporation Name
SLATER HALL ASSOCIATES, INC.



Principal Place of Business
1 JOHN ANDERSON DR
#709
ORMOND BCH FL 32176
US

Mailing Address
1 JOHN ANDERSON DR
#709
ORMOND BCH FL 32176-5780
US

3. Date Incorporated or Qualified
08/31/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-3145790

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BURNETT, RANDOM R.
501 N. GRANDVIEW AVE.
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name DONALD A. HAAS
82 Street Address (P.O. Box Number is Not Acceptable)
1 JOHN ANDERSON DR, #709
83
84 City ORMOND BEACH FL 85 Zip Code 32176

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 family, wife, and agent for the corporation. Section 607.0505, Florida Statutes.

SIGNATURE

Donald A. Haas

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAAS, DONALD A.	
STREET ADDRESS	1 JOHN ANDERSON DR, #709	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, BUDD S.	
STREET ADDRESS	57 HILLS LN.	
CITY - ST - ZIP	WESTPORT CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 or in an attachment with an address.

SIGNATURE

Donald A. Haas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2-19-97

904-677-7272

CR2E034 (9/96)