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ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
NONQUALIFIED DEFERRED COMPENSATION PLANS

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

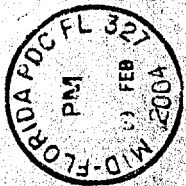
- (1) The name of the employer is: S2L, Incorporated
- (2) The mailing address of the employer is: 529 Versailles Drive
Suite 103
Maitland, FL 32751-4589
- (3) The Employer Identification Number is: 593433432
- (4) The above-named employer maintains a plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan:
1 plan covering 4 employees.
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

By: S2L, Incorporated


Plan Administrator, Samuel Levin

Dated 2/6, 2004

Hochheiser Consultants
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