

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F97996 (5)
1. Corporation Name
SALISBURY CONSTRUCTION SERVICE CORP.



Principal Place of Business Mailing Address
5301 PINE TREE ROAD POMPANO BEACH FL 33067

3. Date Incorporated or Qualified **08/30/1982** 3a. Date of Last Report **03/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2232870	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable	
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SALISBURY, G ROBERT, III
5301 PINE TREE RD
POMPANO BEACH FL 33067**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	PSD	<input type="checkbox"/> DELETE
	NAME	SALISBURY, G ROBERT, III	
	STREET ADDRESS	5301 PINE TREE RD	
	CITY- ST- ZIP	POMPANO BEACH FL	
	TITLE	<i>V. PRESIDENT</i>	<input type="checkbox"/> DELETE
	NAME	<i>DANIEL SCOTT SALISBURY</i>	
	STREET ADDRESS	<i>5301 PINE TREE RD</i>	
	CITY- ST- ZIP	<i>POMPANO BEACH, FL 33067</i>	
	TITLE	<i>SECRETARY</i>	<input type="checkbox"/> DELETE
	NAME	<i>GEORGE R. SALISBURY TR</i>	
	STREET ADDRESS	<i>5301 PINE TREE RD</i>	
	CITY- ST- ZIP	<i>POMPANO BEACH, FL 33067</i>	
	TITLE	<i>ASST. SECRETARY</i>	<input type="checkbox"/> DELETE
	NAME	<i>MARLITA T. SALISBURY</i>	
	STREET ADDRESS	<i>5301 PINE TREE RD</i>	
	CITY- ST- ZIP	<i>POMPANO BEACH, FL 33067</i>	
	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

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY- ST- ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY- ST- ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY- ST- ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY- ST- ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY- ST- ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

G Robert Salisbury III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96
Date

954-752-6100
Daytime Phone #

CR2E034 (12/95)