

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50353 (4)

1. Corporation Name
SALT, INC.



Principal Place of Business: **7262 SOUTH LEEWYN DRIVE SARASOTA FL 34240**
Mailing Address: **7262 SOUTH LEEWYN DRIVE SARASOTA FL 34240 US**

3. Date Incorporated or Qualified: **08/07/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0365454** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **JORGENSEN, SERGE 7262 SOUTH LEEWYNN DR. SARASOTA FL 34240**
10. Name and Address of New Registered Agent: **81 Name: JORGENSEN, SERGE 82 Street Address (P.O. Box Number is Not Acceptable): 7262 S. LEEWYNN DR SARASOTA, FL 83 City: 84 City: FL 85 Zip Code:**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	BISHOP, BETH 3371 HUNTINGTON PT DR SARASOTA FL	1.1 TITLE: P	JORGENSEN, SERGE
NAME: BISHOP, BETH		1.2 NAME: JORGENSEN, SERGE	
STREET ADDRESS: 3371 HUNTINGTON PT DR		1.3 STREET ADDRESS: 7262 S. LEEWYNN DR	
CITY-ST-ZIP: SARASOTA FL		1.4 CITY-ST-ZIP: SARASOTA, FL	
TITLE: TS	JORGENSEN, SERGE	2.1 TITLE: T	WILSON, NED
NAME: JORGENSEN, SERGE		2.2 NAME: WILSON, NED	
STREET ADDRESS: 7262 SO LEEWYNN DR		2.3 STREET ADDRESS: 1260 PINE VALLEY RD	
CITY-ST-ZIP: SARASOTA FL		2.4 CITY-ST-ZIP: SARASOTA, FL	
TITLE: D	KELLER, JOSEPH	3.1 TITLE: S	KIMBERLY STEWART
NAME: KELLER, JOSEPH		3.2 NAME: KIMBERLY STEWART	
STREET ADDRESS: 6000 FRUITVILLE RD		3.3 STREET ADDRESS: 1204 65TH ST NW	
CITY-ST-ZIP: SARASOTA FL		3.4 CITY-ST-ZIP: BRADENTON, FL	
TITLE: D	WILSON, NED	4.1 TITLE: D	BISHOP, BETH
NAME: WILSON, NED		4.2 NAME: BISHOP, BETH	
STREET ADDRESS: 1260 PINE VALLEY RD		4.3 STREET ADDRESS: 3371 HUNTINGTON PT DR	
CITY-ST-ZIP: SARASOTA FL		4.4 CITY-ST-ZIP: SARASOTA, FL	
TITLE: D	KING, RICHARD	5.1 TITLE:	
NAME: KING, RICHARD		5.2 NAME:	
STREET ADDRESS: 3251 PROCTOR RD		5.3 STREET ADDRESS:	
CITY-ST-ZIP: SARASOTA FL		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Serge Jorgensen 24 April 96 (941) 377-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)