

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # 193168 (2)

1. Corporation Name

SALJIMART INC

Principal Place of Business

2325 NORTH SURF RD.
HOLLYWOOD FL 33019

Mailing Address

C/O TODD MILLER REALTY
1109 N. FEDERAL HWY. #8
HOLLYWOOD FL 33020
US

NO SANDRA BEST
14 HUNTBUT ST
CAMBRIDGE
MA 02138



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, TODD
1109 NORTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020

81 Name Sandra Best
82 Street Address (P.O. Box Number is Not Acceptable)
2325 N. Surf Rd.

83
84 City Hollywood FL 85 Zip Code 33019

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE:

Sandra A. Best

Sandra A. Best

5/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE P
12.2 NAME BEST, MARGORIE
12.3 STREET ADDRESS 2325 N SURF RD
12.4 CITY-STATE-ZIP HOLLYWOOD FL
12.5 TITLE BMD
12.6 NAME DRURY, POLLYANN
12.7 STREET ADDRESS 2325 N SURF RD
12.8 CITY-STATE-ZIP HOLLYWOOD FL
12.9 TITLE VTS
12.10 NAME MILLER, TODD
12.11 STREET ADDRESS 1109 NORTH FEDERAL HIGHWAY, SUITE 8
12.12 CITY-STATE-ZIP HOLLYWOOD FL
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12.100 CITY-STATE-ZIP

13.1 TITLE TREASURER
13.2 NAME SANDRA A BEST
13.3 STREET ADDRESS 14 HUNTBUT ST
13.4 CITY-STATE-ZIP Cambridge MA 02138
13.5 TITLE
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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 address.

SIGNATURE:

Sandra A. Best
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date

617-576-1722
Daytime Phone #