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 # **424533** **(8)**

1. Corporate Name

SALEM CORPORATION

Principal Place of Business

C/O RONALD PEREIRA
2672 TAMIAMI TRAIL NW
PT CHARLOTTE FL 33952-5129

Mailing Address

C/O RONALD PEREIRA
2672 TAMIAMI TRAIL NW
PT CHARLOTTE FL 33952-5129

3. Date Incorporated or Qualified: 04/27/1973

3a. Date of Last Report: 01/17/1995

4. FEI Number: 59-1462853 — 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: [X] Yes [ ] No

2. Principal Place of Business
21 Street Address
22
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Street Address
27
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

PEREIRA, RONALD
2672 TAMIAMI TRAIL NW
PT CHARLOTTE, FL
33952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	PEREIRA, RONALD	
STREET ADDRESS	342 SPRINGLAKE BLVD NW	
CITY, ST, ZIP	PT CHARLOTTE, FL 00000	
TITLE	VP	[ ] DELETE
NAME	PEREIRA, SUEANNE	
STREET ADDRESS	725 RYE AVE.	
CITY, ST, ZIP	PORT CHARLOTTE FL	
TITLE	T	[ ] DELETE
NAME	VAN SKIVER, LESLIE	
STREET ADDRESS	1109 BEAUMONT AVE.	
CITY, ST, ZIP	PORT CHARLOTTE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied herein 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 the 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 a receiver or trustee or otherwise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with changes, if any, clearly indicated.

SIGNATURE: RONALD PEREIRA — 1/15/96 — 941-625-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)