

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F09179** (5)
1. Corporation Name
SALAMA DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

FILED
Apr 28 1997 8:00am
Secretary of State



Salama Development Corp.
P.O. Box 788
Winterpark, FL 32790-0788

Salama Development Corp.
P.O. Box 788
Winterpark, FL 32790-0788

3. Date Incorporated or Qualified 12/15/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2107169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

16. 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

MANEK, PRADIP M.
800 WILSHIRE BLVD
SUITE 124
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 242 WILSHIRE BLVD.
83
84 City FL
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

12. OFFICERS AND DIRECTORS

TITLE VSD	<input type="checkbox"/> DELETE
NAME MANEK, PADMA (MRS.)	
STREET ADDRESS 800 WILSHIRE BLVD	
CITY-ST-ZIP CASSELBERRY FL	
TITLE MPD	<input type="checkbox"/> DELETE
NAME MANEK, PRADIP M.	
STREET ADDRESS 800 WILSHIRE BLVD	
CITY-ST-ZIP CASSELBERRY FL	
TITLE TS	<input type="checkbox"/> DELETE
NAME GARDNER, DEBORAH	
STREET ADDRESS P.O. BOX 788 N/A	
CITY-ST-ZIP WINTER PARK FL 32790-0788	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME 242 WILSHIRE BLVD	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME 242 WILSHIRE BLVD	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

[Signature]

[Signature] 447 231-9491

CR2E034 (9/96)