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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF DOCUMENT # F9500004762 (9)

SALTS	MAN CONSTRUCTION, INC).			
Principal Plac	ce of Business	Mailing Address			AL SIBLY LUBIR BIYAN DIDI INDI
85 12TH STREET SOUTH P.O. BOX 310 NAPLES FL 34102-6265 NAPLES FL 34106-Q310 US			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
6 Discoult	71000 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 6 - 14 - W - 2 - 4 - 4		10/02/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Alc	Suite, Apt. #, etc.	·	65-0606913	Not Applicable \$8.75 Additional
22	. 11, 010	27		5. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	g. Name and Address of Curre	ent Registered Agent	04 N	10. Name and Address of New Registered	Agent
SALTSMAN, JOHN W. JR 65 12TH ST S NAPLES FL 34102-6265			81 Name		•
			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			83		
			1-1		T-1 - 0 - 1
			84 City	FL	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ac	gont and title of applicable (NO1	E: Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PS	☐ DELETE	1.1 THEF		☐ Change ☐ Addition
NAME	SALTSMAN JR, JOHN W		1.2 NAME		
STREET ADDRESS	65 12TH ST S		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 65		1.4 CITY - ST - ZIP		
TITLE	8	☐ DELETE	2.1 TITLE		Change Addition
NAME	SALTSMAN, SUZANNE		2.2 NAME		
STREET ADDRESS	65 12TH ST S		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NAPLES FL 65	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		D.C.C.IC	3.1 TILE 3.2 NAME		C Analitic C Vocition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		-
STREET ADDRESS					
CITY-ST-ZIP	I		4.3 STREET ADDRESS		
			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		☐ DELETE			Change Addition
TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
NAME Street address		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

14. I 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 logal 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 13 if chamsed, or on an attachment with an address.

2/0/00

FILED

Feb 16 1998 8:00am

Secretary of State