

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90007 031 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000003779**

1. Corporation Name
SALERNO PROPERTIES, INC.



Principal Place of Business
 1450 S. DIXIE HWY., SUITE 101
 BOCA RATON FL 33432

Mailing Address
 1450 S. DIXIE HWY., SUITE 101
 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1997

2. Principal Place of Business
 21 **14 S. SWINTON AVE**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **14 S. SWINTON AVE**
 Suite, Apt. #, etc.

4. FEI Number
52-2046205 Applied For
 Not Applicable

22
 City & State
 23 **DELRAY BEACH, FL**

27
 City & State
 28 **DELRAY BEACH, FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33444** 25 **USA**

29 **33444** 30 **USA**

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITHER, ROBERT M JR.
 1450 S. DIXIE HWY., SUITE 101
 BOCA RATON FL 33432

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
14 S. SWINTON AVE
 83
 84 City **DELRAY BEACH** FL 85 Zip Code **33444**

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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	FREAHLEY, EDWARD M.	
STREET ADDRESS	200 CARTER'S GROVE LANE	
CITY-ST-ZIP	LYNCHBURG VA 24503	
TITLE	VSTD	
NAME	SMITHER, ROBERT M. JR.	
STREET ADDRESS	1450 S. DIXIE HWY, SUITE 101	
CITY-ST-ZIP	BOCA RATON FL 33432	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	FREAHLEY, EDWIN M.	<input checked="" type="checkbox"/>	
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	
2.2 NAME			
2.3 STREET ADDRESS	14 S. SWINTON AVE		
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: **Robert M. Smither, Jr.** **ROBERT M. SMITHER, JR** 4/21/99 (56) 243-2400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)