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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H21091 (4)

1. Corporation Name

SHALOM DEVELOPMENT, INC.



Principal Place of Business

**43309 US HWY 19 N
POST OFFICE BOX 1008
TARPON SPRINGS FL 34688-0008**

Mailing Address

**43309 US HWY 19 N
POST OFFICE BOX 1008
TARPON SPRINGS FL 34688-0008**

3. Date Incorporated or Qualified

09/14/1984

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34689

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, DAVID S.
43309 US HWY 19 N
TARPON SPRINGS FL 34689**

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 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 the person signing on behalf of the corporation)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	SALING, GARY	
STREET ADDRESS	43309 US HWY 19 N.	
CITY-STATE-ZIP	TARPON SPRINGS FL	
TITLE	V	☐ DELETE
NAME	ALDRIDGE, DANIEL	
STREET ADDRESS	43309 US HWY 19 N.	
CITY-STATE-ZIP	TARPON SPRINGS FL	
TITLE	DP	☐ DELETE
NAME	FRIEDLAND, LEW	
STREET ADDRESS	43309 US HWY 19 N.	
CITY-STATE-ZIP	TARPON SPRINGS FL	
TITLE	ST	☐ DELETE
NAME	FORD, DAVID	
STREET ADDRESS	43309 US HWY 19 N.	
CITY-STATE-ZIP	TARPON SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 an address.

SIGNATURE: *[Signature]* **LEW FRIEDLAND** **1-19-96** **813-942-2591**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)