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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H21091

(4)

SHALOM DEVELOPMENT, INC.

appears in Block 12 or Block 13 if cl

SIGNATURE:

Principal Place of Business Mailing Address 43309 US HWY 19 N PO BOX 1608 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34688-1808 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1984 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2461599 Not Applicable Suite Apt # otc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 6. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORD, DAVID S. 43309 US HWY 19 N Street Address (P.O. Box Number is Not Acceptable) **TARPON SPRINGS FL 34689** 83 84 City 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) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE BILLE 1.1 TITLE Change Addition SALING, GARY 1.2 NAME 43309 US HWY 19 N. STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition ALDRIDGE, DANIEL NAME 22 NAME 43309 US HWY 19 N. STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition FRIEDLAND, LEW NAME 3.2 NAME 43309 US HWY 19 N. STREET ADDRESS 3.3 STREET ADDRESS TARPON SPRINGS FL DITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE DST Addition FORD, DAVID NAME 4. 2 NAME 43309 US HWY 19 N. STREET ADORESS 4.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing docinformation indicated on this annual report or supplemental annual Lam an officer or director of the corporation or the receiver or fost. not goalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

CLEW FRIEDIAND

All reports true and accurate and that my signature shall have the same legal effect as if made under oath; that istee erypowered to execute this report as required by Chapter 607, Florida Statutes; and that my name