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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1. Corporation Name  SALWAY ENTERPRISES, INC.  Principal Place of Business  Mailing Address  5685-91\$T AVE N  5685-91\$T AVE N										
PINELLAS PARK FL 34666 PINELLAS PARK FL 33782-					2-5014					
							3. Date Incorporated of 06/24/1986		<ul> <li>Date of Last Re 01/26/1996</li> </ul>	eport
2. Principal P	lace of Busine	oss	ļ	ng Address			4. FEI Number	·····	Ap	plied For
Suite, Apt. #, etc			26	Suite, Apt. #, etc.			59-2762955		\$8.75 A	t Applicable
22]	# <sub>1</sub> <b>6</b> 10		<u></u>	27			5. Certificate of Status	Desired	Fee Re	
City & Stali	6			City & State			6. Election Campaign I	Financing	\$5.00	May Be
23			28				Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,			
2(p	Zip Country		21P			•	8. This corporation has Florida Statutes	s liability for intan		199.032,
9. Name and Address of Current Registered Agent					1301		10. Name and Address of New Registered Agent			
NIES	SET, JAMES	R.			81	Name				
6740 CROSSWINDS DR. NO.						Street Ad	Idress (P.O. Box Number is N	ot Acceptable)		
ST. PETERSBURG FL 33710				83					<del></del>	
						<u>_</u>				
					84					Code
11. Pursuant office or ragent La	to the provision registered ago im familiar with	ons of Sections 607, ent, or both, in the S h, and accept the o	0502 and 607.150 tate of Florida. Su oligations of, Sect	08, Florida Statu ch change was on 607.0505, Fl	tes, the above authorized by orida Statute	e-named co the corporation	orporation submits this statem ration's board of directors. I h	ent for the purpo ereby accept the	ose of changing it e appointment as	s registered registered
SIGNATURE.	Signature, typed c	e printed name of registors	d agent and tile if applic	able (NO	TE Registered Age	ent signature re	quired when reinstating)	Ď	ATE	
12.	angerena of the second	······································	AND DIRECTORS		13.		ADDITIONS/CHANGE			S IN 12
TITLE	P			DELETE	1.1 TITLE				Change	☐ Addition
NAME		MICHAEL A			1.2 NAME					
STHEET ADDRESS	5685 91ST				1.3 STREET					
CHY-ST-ZIP TITLE	PINELLAS	PARK FL		DELETE	1.4 CITY - S 2.1 TITLE	IT - ZIP		<del></del>	Change	Addition
NAME	SALWAY.	MARY ANN			2.2 NAME					
STREET ADDRESS	5685 91S				2.3 STREET	ADDRESS				
CITY- ST-ZIP	PINELLAS	PK FL			2. 4 CITY -	ST-ZIP				
TITLE	S			☐ DELETE	3.1 TITLE				☐ Change	Addition Addition
NAME.	PERRY, M				3.2 NAME	1000000	•			
STREET ADDRESS		rsburg fl			3.3 STREET					
CITY-ST-ZIP TITLE	OI. TEIE	IODOTO I L		DELETE	3.4. CITY - 4.1 TITLE	01* LIF			Change	Addition
NAME					4. 2 NAME					
STREET ADORESS					4.3 STREET	ADDRESS				
City-St-ZiP					4.4 CITY - S	ST-ZIP				
TITLE				DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP	<b></b>			D be to be	5.4 DITY-8	ST-ZIP				1 1 2 2 0 0
TITLE				☐ DELETE	61 TITLE				Change	Addition
NAME					62 NAME					
STREET ADDRESS					63 STREET	ADDRESS				
DITY OF Zin										

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 aira higher than address. MICHAEL A SALWAY 1/21/97 813547 OB)