

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90033 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K44066**

1. Corporation Name  
**SALBATI, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>240 S. PARK AVENUE APOPKA FL 32708 US</b>	Mailing Address <b>P.O. BOX 789 APOPKA FL 32704 US</b>
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3. Date Incorporated or Qualified <b>11/08/1988</b>	4. FEI Number <b>59-2916976</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>1818 NEEDHAM RD</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>APOPKA FL</b>	City & State 28
Zip 24 <b>32712</b>	Country 25
Country 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALVIA, ROCCO**  
**1818 NEEDHAM RD**  
**APOPKA FL 32712**

81 Name <b>ROCCO SALVIA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1818 NEEDHAM RD</b>
83
84 City <b>APOPKA</b>
85 Zip Code <b>FL 32712</b>

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 Rocco Salvia **ROCCO SALVIA** **4-21-99** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALVIA, ROCCO 212 SOUTH FOX CHASE PT LONGWOOD FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ASBATE, GEORGE 427 TERRWOOD ST. FERN PARK FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SALVIA, JOSEPHINE 212 S. FOX CHASE PT. LONGWOOD FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ASBATE, MARY 2457 BRESSEN TRAIL APOPKA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>1818 NEEDHAM RD APOPKA FL 32712</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>3624 N APOPKA-VINELAND RD ORLANDO FL 32818</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>1818 NEEDHAM RD APOPKA FL 32712</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>DUP MARY T IJERINA SORANGEWOOD CT APOPKA FL 32703</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Rocco Salvia **ROCCO SALVIA** **4-21-99** DATE

CR2E034 (1.1/98)