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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L69351** (9)

1. Corporation Name

SALAGARAS ENTERPRISES, INC.



Principal Place of Business

**P.O. BOX 777
PALM HARBOR FL 34682**

Mailing Address

**P.O. BOX 777
PALM HARBOR FL 34682**

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**SALAGARAS, STEVEN J.
120 WOODGLEN CT.
OLDSMAR FL 34677**

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 (b)(2) and 607.15(4), Florida Statute, 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 607.05(4), Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	SALAGARAS, STEVEN J.	
STREET ADDRESS	1959 ALT. 19 N	
CITY-STATE-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	☐ DELETE
NAME	SALAGARAS, STEVEN J.	
STREET ADDRESS	P. O. BOX 777 M/A	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statute. 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 registered agent, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with amendments.

SIGNATURE: **STEVE SALAGARAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

813-787-4558

CR2E034 (12/95)