

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L77684** (3)  
1. Corporation Name  
**SALSHAR, INC.**



Principal Place of Business

Mailing Address

~~331 E ATLANTIC AVENUE  
DELRAY BEACH FL 33483~~

*please  
change to*

**5341 NW 84 WAY  
CORAL SPRING FL 33067  
US**

2. Principal Place of Business

2a. Mailing Address

21 **5341 NW 84 way**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Coral Springs FL**

28 City & State

24 Zip **33067** 25 Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/05/1990**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0197551**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

**SARANITI, SHARON  
5341 NW 84 WAY  
CORAL SPRING FL 33067**

10. Name and Address of New Registered Agent

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

*Sharon Saraniti*

(Date) (Type, Print Agent Signature, Corporate Seal, etc., if applicable)

**4-29-96**

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SARANITI, SAL**  
STREET ADDRESS **5341 NW 84TH WAY**  
CITY-ST-ZIP **CORAL SPRINGS FL**

11 TITLE ☐ Change ☐ Add on  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **SARANITI, SHARON**  
STREET ADDRESS **5341 NW 84TH WAY**  
CITY-ST-ZIP **CORAL SPRINGS FL**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Add on  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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:

*Sharon Saraniti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sharon Saraniti*

**4/29/96**

**305  
7539163**  
Official Phone #

CR2E034 (12/95)