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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

L79957

(1)

SALH	HANY INVESTMENTS, INC.					
Principal Ptace of Business 9929 US HWY 19 PORT RICHEY FL 34668 US						il 1995 grāsi ārāji 21611 grāsi Arāji Arāji 1961
••		00			 Date Incorporated or Qualified 06/13/1990 	3a. Date of Last Report 05/01/1995
2. Pancipal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
u]		26		59-3023120 Not Applicable		
Suite, Apt.	· #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State:		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution	Added to Fees
Zip 24]	Country 25	Zip			8. This corporation has liability for intangible tex under s 199.032, Florida Statutes Yes No	
24	9. Name and Address of Curr		30]	-	10. Name and Address of New R	T
			81	Name	10	inglister of villerit
	ANY, RONALD M.		82	Street Addr	ress (P.O. Box Number is Not Acceptab	nle)
	OYAL BIRKDALE CT				033 (<i>TO</i>
TARPU	ON SPRINGS FL 34689		83			
			84	City		85 Zip Code
11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the above-	L named corpor	ration submits this statement for the pur	rpose of changing its registered office
or registe tamihar w	ered agent, or both, in the State of Fr vith, and accept the obligations of, Se	iorida. Such change was aumori lection 607.0505, Florida Statute	ized by the corp as.	ioration's boai	and of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE						
12.	Styristure: typisd or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS		NOTE Registered Ager	nt signature require	ad when reinstating)ADDITIONS/CHANGES TO OFF	DATE
TILF	D	DELETE	1.1 TITLE	7	P/D	Change Addition
N4ME	SALHANY, RONALD M.		1.2 NAME			<u> </u>
SPREED ADDRESS		-	1.3 STREET	1 ADDRESS	9929 US Hwy	' 19
C(1Y - S1 - 7)F	PORT RICHEY FL		1.4 CITY - S			
THEF	DEL		2 1 TITLE			Change Addition
NAM:			2 2 NAME			
STREET ADDRESS				T ADDRESS		
CHY-SI-ZIP THUS		DELETE	24 CITY - S 3 1 TITLE	ST-ZIP		Change Addition
MM:		Emil Session	3 2 NAME			Diggo Di raggion
STREET ADDRESS	;		3	T ADDRESS		
CIY SI ZP			3 4 CITY - 9			
HILF		DELETE	4.1 TITLE			☐ Change ☐ Addition
MAM:			4.2 NAME			
STREET ADDRESS			4 3 STREET	T ADDRESS		
City-St-7P		F) DELETE	4 4 CITY - S	31-2IP		
TIFLE		DELETE	5 1 TITLE			Change Addition
NAME enucia Annabiae			5.2 NAME	- incorne		
STREET ADDRESS				I ADORESS		
THE	DELETE		6 1 HILE	5 4 CITY - ST - ZIP 6 1 Title		☐ Change ☐ Addition
NAME		_	6 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY STAZIF			6.4 CITY - 5	ST-ZIP		
14. I do herel	thy certify that the information supplies	ed with this filing is voluntarily fur	rnished and doe	s not qualify f	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
oath; tha appears	at the information indicated on the air it I am an officer or director of the co- in Block 12 or Block 13 it changed, r	irporation or me receiver or trust or on a lattachment with an ad-	lee emporter of Tess.	to execute thi	for the exemption stated in Section 119 ate and that my signature shall have the is report as faquired by Chapter 607, Fi	same legal effect as it made under lorida Statutes; and that my name

SIGNATURE:

WWW. January Mys January 96 842-970

CR2E034 (12/95)