


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N50353</b> (4)			
1. Corporation Name <b>SALT, INC.</b>			
Principal Place of Business <b>7262 SOUTH LEEWYN DRIVE SARASOTA FL 34240</b>		Mailing Address <b>7262 SOUTH LEEWYN DRIVE SARASOTA FL 34240-9652 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified <b>08/07/1992</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0365454</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <b>JORGENSEN, SERGE 7262 SOUTH LEEWYNN DR. SARASOTA FL 34240</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORGENSEN, SERGE</b>	1.2 NAME	
STREET ADDRESS	<b>7262 S LEEWYNN DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORGENSEN, SERGE</b>	2.2 NAME	
STREET ADDRESS	<b>7262 SO LEEWYNN DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, NED</b>	3.2 NAME	
STREET ADDRESS	<b>1280 PINE VALLEY ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, NED</b>	4.2 NAME	
STREET ADDRESS	<b>1280 PINE VALLEY RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>3251 PROCTOR RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISHOP, BETH</b>	6.2 NAME	
STREET ADDRESS	<b>3371 HUNTINGTON POINT DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <b>Serge D. Jorgensen</b> <b>03 May 97</b> <b>377-4986</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (9/96)