PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P29672
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SALISBURY SALES CORP.

Principal Place of Business Mailing Address 555 BROADHOLLOW RD 555 BROADHOLLOW RD **MELVILLE NY 11747 MELVILLE NY 11747** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1990 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 45-0275387 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Zip 8. This corporation owes the current year Country ☐ No 30 Intangible Personal Property. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 83 TALLAHASSEE FL 32301 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PVD 1.1 TITLE _ Change ___ Addition TITLE DELETE KIERSH, WARREN 1.2 NAME NAME 99 PALO ALTO DRIVE 1.3 STREET ADDRESS STREET ADDRESS PLAINVIEW NY 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition DELETE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change Addition TITLE DELETE

6.4 CITY-ST-ZiP CITY-ST-ZIP 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, for on an attachment with an address.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Change Addition

Change Addition

__ Change __ Addition

FILED

Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90002 026 ***550.00