FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071612 (4)

SALH INC. OF VOLUSIA

NAME

STREET ADDRESS

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Principal Place of Business Mailing Address										''	9E11991 119 19199	PILET 30 PET 30	itir Matti Al	OCH COMMITTERS ON		11011001
975 GOLF AVE.					975 GOLF AVE.											
ORMOND BCH. FL 32174-7334					ORMOND BCH. FL 32174-7334											
US				ι	US					DO NOT WRITE IN THIS SPACE						
											Incorporated	or Qualif	ed			
2. Principal Place of Business					La Mallina Address						/14/1993					
	riincipai rii	ace or business		2a, Mailing Address					4, FEII				ļ	·	ied For	
21	Suite, Apt. #	etc .	26	Suite, Apt. #, etc.						9-32 <mark>391</mark> 54					Applicable	
22	ound, ripi. r	, 00	07	27				j	5, Cert	ficate of Statu	is Desired	, ['D Ad e Requ	ditional	
	City & State				City & State					* Fl.		F:			<u> </u>	
23	,				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
	Zip		Country		Zip		Country							he current yea		
24	•	25	-	29	,	30	l				onal Property			342		~ I
	•	g, Name and	Address of		tered Agent		٠		1		e and Addre			<i>,</i>		-
	SAL	H. MALKIT			Name		-121		*		-					
	454 LEEWAY TR.								A -lates -	- (D.O. B	N. I (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NI-CA-				
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			84	City	nem.	Que	BEACH				Zip Co	de Tu				
11.	Pursuant to	the provisions	of Sections 60	7.0502 and 6	07.1508, Florida	he above	-named	corpor	ation sub	mite this state	ment for t	he nuro	ose of changin	o ite r	opictored	
	office or re	gistered agent,	or both, in the	State of Florid	da. Such change	was auth	orized by	the con	poration	n's board	of directors. I	hereby a	ccept the	e appointment	as re	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																
SiG	INATURE S	ilgnature, typed or prin	ted name of regist	ered agent and title	it applicable	(NOTE: Re	gistered Age	nt signature	required	when reinsta	ing)		D	DATE		-
12.			OFFICE	S AND DIREC	CTORS		13.			ADDI1	IONS/CHANG	SES TO O	FFICERS	S AND DIRECT	FORS	IN 12
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6.2 NAME 6.3 STREET ADDRESS

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 suppliemental 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 good ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if chapted, or on an attachment with an address.