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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000071612

1, Corporation Name

SALH INC. OF VOLUSIA

Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90231 046 ***150.00

Principal Place	e of Business	Mailing Address			C toward at a second state of the court of the		
·		975 GOLF AVE.					
975 GOLF AVE. ORMOND BCH. FL 32174-7334 US		ORMOND BCH. FL 32174-73	34				
		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		}
					10/14/1993 .		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21		26			59-3239154	No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			Gentificate of Status Desired	\$8.75	
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year in	angible	_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
				81 Name			İ
	I, MALKIT	82 Street Addr		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	LEEWAY TRAIL	31,661					
ORM	IOND BEACH FL 3			83			
				94 Cib.		85 Zip	Code
				84 City	FL	. 63 2.5	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the a	bove-named co	rporation submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was au	ithorized	i by the corpora	ation's board of directors. I hereby accept the appoint	ntment as re	egistered
	III Igiliadi Wat, and adoopt the obligati	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature requ	ared when reinstating) DATE		
	05510500 411				A DESCRIPTION OF THE PERSON AND ADDRESS AN	IN DIDEOTA	200 144
12.	OFFICERS AND	D DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AT		
12. TITLE	PSTD OFFICERS AND	D DIRECTORS	13.	rle	ADDITIONS/CHANGES TO OFFICERS AT	Change	Addition
	,		_	}	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSTD		1.1 TI	}	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE NAME	PSTD SALH, MALKIT		1.1 TI 1.2 NA 1.3 ST	ME	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE NAME STREET ADDRESS	PSTD SALH, MALKIT 454 LEEWAY TR.		1.1 TI 1.2 NA 1.3 ST	TREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SALH, MALKIT 454 LEEWAY TR.	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CF	TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO OFFICERS AT	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD SALH, MALKIT 454 LEEWAY TR.	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA	TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO OFFICERS AT	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD SALH, MALKIT 454 LEEWAY TR.	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 Cr 2.1 TII 2.2 NA 2.3 ST	TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO OFFICERS AT	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD SALH, MALKIT 454 LEEWAY TR.	☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 Cr 2.1 TII 2.2 NA 2.3 ST	TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AT	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD SALH, MALKIT 454 LEEWAY TR.	☐ DELETE	1.1 TI 1.2 NA 1.3 ST 1.4 CC 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA	TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TREET ADDRESS TITY-ST-ZIP TLE	ADDITIONS/CHANGES TO OFFICERS AT	☐ Change ☐ Change ☐ -	Addition
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with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied indicated on this annual report or supple officer or director of the corporation Block 12 or Block 13 it changed, or

SIGNATURE: