

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94600022927

1. Corporation Name

SALEM ENTERPRISES OF CENTRAL FLORIDA, INC.

\* Please Change address

Principal Place of Business

To: ↓

Mailing Address

6165 CARRIER DR.

6165 CARRIER DR.

ORLANDO, FLORIDA 32819

ORLANDO, FLORIDA  
32819

2. Principal Place of Business

21 6165 CARRIER DR.

2a. Mailing Address

26 6165 CARRIER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FLORIDA

City & State

28 ORLANDO, FLORIDA

Zip

24 32819

Country

25 U.S.A.

Zip

29 32819

Country

30

9. Name and Address of Current Registered Agent

BASSAM RAMADAN SALEM,

President

81 Name

BASSAM RAMADAN SALEM

82 Street Address (P.O. Box Number is Not Acceptable)

1160 Angela Ridge Ct.

83

84 City

Kissimmee

FL

85 Zip Code

34747

11. 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

Bassam R. Salem, President

04/30/96

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME BASSAM RAMADAN SALEM

STREET ADDRESS 1160 Angela Ridge Ct.

CITY-ST-ZIP Kissimmee, Florida 34747

TITLE Vice President ☐ DELETE

NAME GHASSAN RAMADAN SALAMEH

STREET ADDRESS 1160 Angela Ridge Ct.

CITY-ST-ZIP Kissimmee, Florida 34747

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(k), 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, or on an attachment with an address

SIGNATURE:

Bassam R. Salem, President

04/30/96 (407) 252-5859

CR2E034 (12/95)