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

PROFIT CORPORATION

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT	Secretary of	f State		
1996	DIVISION OF COR	PORATIONS		
DOCUMENT # P9460	00022927			
SALEM ENTERPRISES	OF CENTRAL FLOR	IDA, INC		- y
			5000018409 -05/28/96010350	1 (2) 29
* Please Change address Principal Place of Business To: J Mailing Address			***200.00	
CIAC CARRIED DR.	6165 CA	RRIER DR		
ORLANDO, FLORIDA J.	2819 ORCANDO	32819	3. Date Incorporated or Qualified 3a. Date 03/15/94 04	e of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6/65 CARRIER Dr		IER DK.	59-323-0679	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 ORLANDO, FLORIDA	L	FLORIDA	Trust Fund Contribution	Added to Fees
Zip Country	Zp	Country	B. This corporation has liability for intangible t     Florida Statutes	ax under s. 199.032,
24 328 (9 25 U.S.A. 9. Name and Address of Curre	29 328 (9) 30	<u>}</u>	10. Name and Address of New Fiegistered	Agent
		81 Name O	Assau PAMANAN	8 41 546
BASSAM RAMADA	N SALEM,	82 Street Addr	ASSAM KAMADAN ress (P.Q. Box Number is Not Acceptable)	SALEM
•	Preside		Angela Ridge C	£
	restat	63 B3	U U	
		84 City	E1	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	Manual 607 1509, Florida Statutos, ti	Li X	ration submits this statement for the ourgose of ch	nanging its registered office
or registered agent, or both, in the State of Flo	nda. Such change was authorized b	y the corporation's boa	rd of directors. Thereby accept the appointment a	s registered agent. Lam
familiar with, and encept the obligations of, Sec		O. L	04/30/	196
SIGNATURE Signature typed or pointer trainer of registered age	et accil trie if appealable (FP) is B	equitorial Agent Signature respire	of when remotatings DATE	`
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE President	☐ DELETE	1 1 Till(f		Clearate Clearation
NAME BASSAM RAMADA STREET ADDRESS 1160 ANGELA REGIS	N SALEM	1.2 NAME		
STREET ADDRESS   1160 Angela King	onda 34747	1.3 STREET ADORESS 1.4 City - S1 - Zif		
CHY-SI-ZIP Kissimme Fla	DELETE	2 1 TiTLE		Change Addition
NAME GHASSAN RAMADI	AN SALAMEH	2.2 NAME		
STHEET ADDRESS 1160 Ang da R. S	e ct	2.3 STREE! ADDRESS		
CHY-ST ZIP Kissimmer, Flo	12'da 34747	2.4 C(f y - ST - Z)F		
TITLE	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP	FT CC. CCC	3.4.CITY - ST - ZIP		Change Addition
TITLE	☐ DELFTE	4 1 TITLE		C to ide C Mad 3011
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP	DELÉTE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE		52 NAME		
NAME STREET AGRESS		5.3 STHEET ADDRESS		
STREET ADDRESS CITY - ST - ZIP		5 4 CITY - ST - ZIP		
GDT-3F-4F	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition

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 eath; 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 04/30/96 (407)352-5859 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS