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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000022927 (5) DOCUMENT #

SALEM ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 6165 CARRIER DR. 6165 CARRIER DR. ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 2a. Mailing Address

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1994 4. FEI Number Applied For 59-3230679 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **R1** SALEM, BASSAM R 1160 ANGELA RIDGE CT. 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34747 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE SALEM, BASSAM R 1.2 NAME NAME CR2E034 1160 ANGELA RIDGE COURT 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34747 1.4 CLTY - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition SALAMEH, GHASSAN R 2.2 NAME NAME 1160 ANGELA RIDGE COURT STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 34747 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ___ DELETE Change Addition TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TIDE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CLTY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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)(1). 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 man appears in Block 13 if changed, or on an attachment with an address.

January 7,98/352-5 SIGNATURE: