

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000040971 (1)**

1. Corporation Name
SALOHGIN, INC.



Principal Place of Business
**23 MARKET PLACE
PITTSBURG PA 15222**

Mailing Address
**23 MARKET PLACE
PITTSBURG PA 15222**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date incorporated or Qualified **06/01/1994** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0490125** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MOORE, W RODGERS
4800 N FEDERAL HWY
SUITE 210A
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the Registered Agent Submitting this Report

Signature of the Registered Agent Submitting this Report

DATE

12. OFFICERS AND DIRECTORS

11a. TITLE	D	<input type="checkbox"/> DELETE
11b. NAME	NICHOLAS, NICHOLAS G	
11c. STREET ADDRESS	23 MARKET PLACE	
11d. CITY-STATE-ZIP	PITTSBURG PA 15222	
11e. TITLE		<input type="checkbox"/> DELETE
11f. NAME		
11g. STREET ADDRESS		
11h. CITY-STATE-ZIP		
11i. TITLE		<input type="checkbox"/> DELETE
11j. NAME		
11k. STREET ADDRESS		
11l. CITY-STATE-ZIP		
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-STATE-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 119.07(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 holder 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:

Nicholas G. Nicholas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412-391-7887

Date Filing

CR2E034 (12/95)