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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

CHTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000053224 (9)

SALARY SOLUTIONS INC.

## **FILED** Jan 20 1998 8:00am Secretary of State

										PB 11811 Pi <b>l</b> i 18 <i>8</i> i
Principal Plac	ce of Business	Mai	iling Address							10 f(6)4 0101 f401
9836 W. SAMPLE RD. CORAL SPRINGS FL 33065			9836 W. SAMPLE RD. CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
- F	D			·			07/19/1994		<del></del>	
	Place of Business	}—¬	Mailing Address				4. FEI Number			Applied For
Suite, Apt	t #. etc	26	Suite, Apt. #, etc.				65-0508959			Not Applicable  Additional
22	. ,,	27					5. Certificate of Status Desired	П		Required
City & Sta	ate	<del></del>	City & State				6. Election Campaign Financing			O May Be
Zip	Country	28	Zip	Coun	······································		Trust Fund Contribution			d to Fees
24	25	29	24)	30	ıry		<ol> <li>This corporation owes or has personal Properly Tax due Jun</li> </ol>		— <b>#</b> ( '	Intangible No
<u> </u>	9. Name and Address of	·	ered Agent	130			10. Name and Address of New R			
7,500	ANDREWS, LEWIS E	·		8	31 Name	Э		<del></del> -		<del></del>
!	9836 W. SAMPLE RD.			Ε	32 Street	1 Addres	ss (P.O. Box Number is Not Accepta	able)		
(	CORAL SPRINGS FL 3306	5		-  -	33				<del></del>	
				[8	City			FI	85 Zip	p Code
office or	t to the provisions of Sections registered agent, or both, in the am familiar with, and accept the	he State of Florida	a. Such change was	s authorized	by the cor	d corpoi rporatio	ration submits this statement for the n's board of directors. I hereby according to the control of the control	purpose o ept the app	f changing pointment a	its registered as registered
SIGNATURE	·	ila obligations or,	0000011 007.0303, 1	TOTICA CIAIL	ica.					
SIGNATORE	Signature, typed or printed name of reg		~~~	OTE: Registered /	Agent signatur	re required	when reinstating)	DATE		
12.	OFF (O)									
	,	ERS AND DIREC		13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
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6.4 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)(i). 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.