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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:53

DOCUMENT # **P94000080704 (7)**

1. Corporation Name
SAL ENTERPRISES, INC.

Principal Place of Business
6310 NW 26 TERRACE
GAINESVILLE FL 32653

Mailing Address
6310 NW 26 TERRACE
GAINESVILLE FL 32653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3900 US 301
Suite, Apt. #, etc.
22 Suite 3
City & State
23 Hawthorne FL
Zip 24 32640
Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 59-3276817
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. Does corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
LARAWAY, SCOTT A
6310 NW 26 TERRACE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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 of a member of the registered agent certified above
Name of Registered Agent or person authorized to act on behalf of agent

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	P/T/S	[ ] Change [X] Add
NAME	Scott A. Laraway	
STREET ADDRESS	6310 NW 26 Terrace	
CITY ST ZIP	Gainesville FL 32653	
TITLE	V	[ ] Change [X] Add
NAME	Esther A. Yoder	
STREET ADDRESS	4051 NW 43rd Street Suite 31	
CITY ST ZIP	Gainesville, FL 32606	
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing is accurately recorded and does not qualify for the exemption stated in Section 607.0505, 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 added in addition to any addition with an address.

SIGNATURE: Scott A. Laraway 1-16-95 904-371-4091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0038208 CP