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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000032895 (1)

1. Corporation Name
SALOMA HOMES, INC.

Principal Place of Business

5415 JAEGER ROAD
STE-B
NAPLES FL 33942

Mailing Address

5415 JAEGER ROAD
STE-B
NAPLES FL 33942



2. Principal Place of Business

21 5117 Castello Dr
Suite, Apt. #, etc.

22 Ste 1

23 Naples FL

24 Zip 34103

25 Country US

2a. Mailing Address

26 Same

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

08/09/1996

4. FEI Number

65-0576707

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

LORIN, STEN A
5415 JAEGER ROAD
STE-B
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

KAREY HENSLEY CPA

82 Street Address

5117 Castello Dr

83 Suite, Apt. #, etc.

Ste 1

84 City

Naples, FL 34103

85 Zip Code

(941) 484-8883

FL

11. Pursuant to the provisions of Sections 607.0722 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]

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LORIN, STEN A
STREET ADDRESS 5415 JAEGER ROAD
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME LORIN, MAIKEN K E
STREET ADDRESS 5415 JAEGER ROAD
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5117 Castello Dr, Ste 1
Naples FL 34103

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5117 Castello Dr Ste 1
Naples FL 34103

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE:

[Signature]

Date

Daytime Phone #

0414248

CR2E034 (9/96)