

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

FILED

Mar 03 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 # P95000049358 (1)

1. Corporation Name  
BARBARA E. SALTER, INC.

Principal Place of Business

3565 NW 86TH WAY  
SUNRISE FL 33351  
US

Mailing Address

3565 NW 86TH WAY  
SUNRISE FL 33351-6680  
US

3. Date Incorporated or Qualified  
06/21/1995

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

21 405 N. Ocean Blvd

Suite, Apt. #, etc.

22 #1109

City & State

23 Pompano Beach FL

Zip

24 33062

Country

25 USA

2a. Mailing Address

26 405 N. Ocean Blvd

Suite, Apt. #, etc.

27 #1109

City & State

28 Pompano Beach FL

Zip

29 33062

Country

30 USA

4. FEI Number

65-0599882

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

SALTER, BARBARA E  
2400 NE 33 AVE  
FT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

405 N Ocean Blvd

83 #1109

84 City

Pompano Beach

FL

85 Zip Code

33062

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 607.0605, Florida Statutes.

SIGNATURE

Barbara E. Salter

President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/97

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME SALTER, BARBARA E  
STREET ADDRESS 3565 NW 86TH WAY #101  
CITY - ST - ZIP SUNRISE FL

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

405 N. Ocean Blvd #1109

Pompano Beach, FL 33062

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Barbara E. Salter

2/17/97 (954) 785-2431

Date

Daytime Phone #

CR2E034 (9/96)