

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000061266 (8)

1. Corporation Name
SALIENT, INC.

Principal Place of Business
6250 82ND AVENUE NORTH
PINELLAS PARK FL 34685

Mailing Address
6250 82ND AVENUE NORTH
PINELLAS PARK FL 34685

97 OCT -9 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6306 Benjamin Rd
Suite, Apt. #, etc.
22 605
City & State
23 Tampa FL
Zip
24 33634
Country
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3. Date Incorporated or Qualified
07/23/1996
3a. Date of Last Report
4. FEI Number
59-3387753
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
MCCAIN, DAN
6250 82ND AVENUE NORTH
PINELLAS PARK FL 34685

81 Name
Arlene Abrams
82 Street Address (P.O. Box Number is Not Acceptable)
6306 Benjamin Rd
83 #605
84 City
Tampa FL 85 Zip Code
33634

11. Pursuant to the provisions of Sections 607.009 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 typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
D	ABRAMS, ARLENE	6250 82ND AVENUE NORTH	PINELLAS PARK FL 34685	☐
D	MCCAIN, DAN	6250 82ND AVENUE NORTH	PINELLAS PARK FL 34685	☒
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	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
	Arlene Abrams	6306 Benjamin Rd #605	Tampa, FL 33634																				

100002321191-4
-10/15/97-01090-014
*****550.00 *****550.00

Change ☒ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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.

CR2E034 (4/97)