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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012830 (0)

SALGIN	I INVESTI	MENTS	s, INC.		(•)								
Principal Plac	e of Business			Mailir	ng Address					1 10011001 110 80111 17014 90111 70111 0011			
5551 RIDGEWOOD DRIVE SUITE 405				<b>5</b> 551 SUIT	SSS1 RIDGEWOOD DRIVE SUITE 405					DO NOT WRITE	P ZIHT NI	PACE	
NAPLES FL 3	4108		NAP	NAPLES FL 34108					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
									02/07/1997				
2. Principal P	lace of Busin	oss	2a. Mailing Address						4. FEI Number		T A	Applied For	
21			26	26					59-3427062			lot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					E Considerate of Status Desired		\$8.75	Additional	
22		27						5. Certificate of Status Desired		Fee F	Required		
City & State	()	c	City & State					6. Election Campaign Financing	_		May Be		
23			28						Trust Fund Contribution		Added	to Fees	
Zip	Country			l1	<b>Z</b> ф			,		8. This corporation owes or has pair			
24	9, Name and Address of Current				29					Personal Property Tax due June 3			NO X
				in uohista	eu Agein	<del>.</del>	61	Name	<del> </del>	10. Name and Address of New Neg	reterou r	Agoin.	
	ODMAN, KE							110/110					
5551 RIDGEWOOD DRIVE					<b>62</b> Str			Street	Addres	s (P.O. Box Number is Not Acceptable	0)		
SUITE 405							83		<del></del>		<del></del>		
NAPLES FL 34108													
							84	City			FL	85 Zip	Code
11. Pursuant	to the provision	ons of S	ections 607.050	12 and 607.	1508, Florida Statu	utes, the at	) )	l	corpor	ation submits this statement for the pu		changing	its registered
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 607.0505, Florida Statutes.													s registered
SIGNATURE	Signature, typed	or printed r	same of registered ag	ent and the if a	ppicable (NC	OTL Registere	AQE	ont signatur	e required	when reinstating)	DATE		
12.			OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	D				DELETE	111	TLE		DP			Change	Addition
NAME	GINIC, N				1.2 N				1				
STREET ADDRESS	5551 RID		ITE 405 1.3 S			REET	ADDRESS						
City-St-ZiP	NAPLES	FL 341	108				1.4 CITY-ST-ZIP						
TITLE					L DELETE	2.1 (1	TŁE		S	•		Change	Addition
NAME	)					2.2 N	<b>₹ME</b>		VAL	ERA, LUIS			
STREET ADDRESS						2.3 S1	REET	ADDRESS		l RIDGEWOOD DRIVE, S	UITE	405	
CITY-ST-ZIP					T be ere		_	ST - ZIP	NAP	LES, FL 34108		1 0	No. of the Control
TITLE					DELETE	3.1 70			T	**		☐ Change	Addition
NAME						3.2 N/				IC, SILVIA		405	
STREET ADDRESS								ADDRESS		1 RIDGEWOOD DRIVE, S	UITE	405	ļ
CITY-ST-ZIP TITLE					DELETE	3.4. C		ST-ZIP		LES, FL 34108		Change	Addition
NAME					( ) OCCLIC	4.1 II			VPA			C Criange	A AUGINION
								4000000		DMAN, KENNETH D.			
STREET ADDRESS						1			1000	1 RIDGEWOOD DRIVE, S	UITE	405	
CITY-ST-ZIP TITLE	<b></b>		<del></del>		DELETE	5.1 TI	_	T-ZIP	NAP	LES, FL 34108		Change	Addition
NAME						5.2 N/			}				
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP						5.4 C							
TITLE	<u> </u>				DELETE	6.1 11		ıı Kılı	†			Change	Addition
NAME						6.2 N						_ •	-
STREET ADDRESS								ADDRESS					
271127720						0.53	-1LL 5		1				

14. Thereby 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:

Will Clue

1/12/98

(941) 394-1871

**FILED** 

Feb 27 1998 8:00am

Secretary of State