

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90005 079 ***150.00
 05-14-1999 90005 080 *****8.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P98000044418**

1. Corporation Name
SALAH ENTERPRISES, INC.



Principal Place of Business
**814 N FORREST AVE
 KISSIMMEE FL 34741**

Mailing Address
**814 N FORREST AVE
 KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1980 N. Hoagland Blvd
 Suite, Apt. #, etc.
22
 City & State
23 KISSIMMEE, FL
 Zip Country
24 34741 25 Osceola

2a. Mailing Address
26 P O Box 1542
 Suite, Apt. #, etc.
27
 City & State
28 KISSIMMEE, FL
 Zip Country
29 34741 30 Osceola

3. Date Incorporated or Qualified
05/15/1998

4. FEI Number 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 the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
**SALAHUDDIN, SAEEDA
 814 N FORREST AVE
 KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent
81 Name Saeeda Salahuddin
82 Street Address (P.O. Box Number is Not Acceptable) 814 N. Forrest Ave
83 KISSIMMEE, FL 34741
84 City KISSIMMEE, FL 85 Zip Code 34741

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE Managing Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAHUDDIN, SAEEDA	1.2 NAME Bina Salah - Decn
STREET ADDRESS	814 N FORREST AVE	1.3 STREET ADDRESS 814 N. Forrest Ave
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP KISSIMMEE, FL 34741
TITLE	SALAH - Decn BINA (Director) <input type="checkbox"/> DELETE	2.1 TITLE Managing Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAH - Decn BINA (Director)	2.2 NAME Saeeda Salahuddin
STREET ADDRESS	814 N. Forrest Ave	2.3 STREET ADDRESS 814 N. Forrest Ave
CITY-ST-ZIP	KISSIMMEE, FL 34741	2.4 CITY-ST-ZIP KISSIMMEE, FL 34741
TITLE	Managing Director <input type="checkbox"/> DELETE	3.1 TITLE Share holder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAEEDA SALAHUDDIN	3.2 NAME Faisal Salahuddin
STREET ADDRESS	814 N. Forrest Ave	3.3 STREET ADDRESS 814 N. Forrest Ave
CITY-ST-ZIP	KISSIMMEE, FL 34741	3.4 CITY-ST-ZIP KISSIMMEE, FL 34741
TITLE	Share holder <input type="checkbox"/> DELETE	4.1 TITLE Share holder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faisal Salahuddin	4.2 NAME Tehmina Salahuddin
STREET ADDRESS	814 N. Forrest Ave	4.3 STREET ADDRESS 814 N. Forrest Ave
CITY-ST-ZIP	KISSIMMEE, FL 34741	4.4 CITY-ST-ZIP KISSIMMEE, FL 34741
TITLE	Share holder <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tehmina Salahuddin	5.2 NAME
STREET ADDRESS	814 N. Forrest Ave	5.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE, FL 34741	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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: **Saeeda Salahuddin** 7-16-99 931-2676

CR2E034 (5/99)