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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105423

SALMER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90024 028 ***150.00



| 1806 W. HILLS / TAMPA FL 33600 | | 1806 W. HILLS AVE #3 TAMPA FL 33606 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
|--|--|--|-------------------------|------------|--|---------------|--------------------|--|
| O Principal D | None of Brains | 2a. Maining Address | | | 12/21/1998 4. FEI Number | J. T.A. | pplied For | |
| 2. Principal P | Place of Business Box /568 | 2a. Mailing Address | 150 | 8 | 59-3402723 | | ot Applicable | |
| Suite, Apt. | #, etc. | Suite Apt. #, etc. | FL | | 5. Certifcate of Status Desired | • | Additional equired | |
| City & State | oi USA | City & State 28 33(40 / | US | 4 | 6. Election Campaign Financing Trust Fund Contribution | • | May Be to Fees | |
| Žip 24 | Country 25 | Zip 30 | Country | | This corporation owes the current year Inta Personal Property Tax. | ngible Yes | No | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered A | gent | | |
| | | | 81 | Name | | | | |
| LANSKY, GLEN R GRIFFIN & ASSOCIATES, P.A. | | | | Street Add | Address (P.O. Box Number is Not Acceptable) | | | |
| 915 (| DAKFIELD DR., STE. F | | 83 | | | | | |
| Bran | 1DON FL 33511 | | <u> </u> | 015 | | log 7:- | Code | |
| | | | 84 | City | FL | 85 Zip | Code | |
| SIGNATURE | Algnature, typed or punted name of registered agen | tions of, Section 607.0505, Flonds JACK SALZM nt and tritle if applicable. (NOTE: Re | AN | | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI | 77 | ORS IN 12 | |
| ΠΤLE | D | ☐ DELETE | 1.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | SALZMAN, JACK | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1806 W. HILLS AVE., #3 | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL 33606 | | 1.4 CITY-S | T-ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | (| | ☐ Change | Addition | |
| NAME | KRAMER, MICHAEL | | 2.2 NAME | | | | | |
| STREET ADDRESS | | ا المناج والمراجعة التي داريسي | l. | TADDRESS | and the second s | | | |
| CITY-ST-ZIP | TAMPA FL 33602 | ☐ DELETE | 2.4 CITY-5 3.1 TITLE | ST-ZIP | | Change | ☐ Addition | |
| TITLE NAME | 1 | C) VELETE | 3.1 IIILE | | | | | |
| STREET ADDRESS | | | | TADDRESS | | | | |
| CITY-ST-ZIP | "] | • | 3.4. CITY-5 | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 4. 2 NAME | ļ | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | | |
| CITY+ST-ZIP | <u> </u> | | 4.4 CITY-S | T-ZIP | | | | |
| TILE | | ☐ DELETE | 5.1 TITLE | ļ | | Change | ☐ Addition | |
| NAME | | | 5.2 NAME | TADDECC | | | | |
| STREET ADDRESS | 5 | | | TADDRESS | | | | |
| CITY-ST-ZIP | 1 | ☐ DELETE | 5.4 CITY-S 6.1 TITLE | 1-21 | | Change | Addition | |
| TITLE | | ل مربداد | 6.2 NAME | 1 | | | L | |
| NAME | | | | T ADDRESS | | | | |
| STREET ADDRESS | ' | | I | | | | | |

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 comporation 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, with all other like empowered.

SIGNATURE:

JULIG SANTE STACKIRS A DISTANCE OF FIGURE OF DIRECTOR

4/4/99 813-453-720

PEN34 (11/98)