

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S85999** (8)  
1. Corporation Name  
**SALETRONICS INC.**



Principal Place of Business: **1711 EASTERN AVE ST. CLOUD FL 34679 US**  
Mailing Address: **4709 PINE LAKE DRIVE ST. CLOUD FL 34769**

3. Date Incorporated or Qualified: **10/10/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FET Number: **59-3078409**  
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 193.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. **109 E. 17th ST**  
22. Suite, Apt. #, etc.  
23. City & State: **ST CLOUD FL**  
24. Zip: **34769**  
25. Country: **OSCEOLA**  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent: **SALE, GLORIA 4709 PINE LAKE DRIVE ST. CLOUD FL 34769**  
10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: **FL** 85. Zip Code

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                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>PRES/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SALE, GLORIA</b>                      | 1.2 NAME  |  |
| STREET ADDRESS             | <b>4709 PINE LAKE DR.</b>                | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ST. CLOUD FL</b>                      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE          | 2.1 TITLE   | <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |  | 2.2 NAME  | <b>KELLI WHALEY</b>  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | <b>4709 PINE LAKE DRIVE</b>  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | <b>ST CLOUD FL 34769</b>   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |  | 3.2 NAME  | <b>CATHY GALATI</b>  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | <b>10718 GARDENWOOD RD</b>   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | <b>ORLANDO FL 32821</b>  |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kelli Whaley - Kelli Whaley Date: 4-15-96 407-957-3449 Daytime Phone #

CR2E034 (12/95)