

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V22421 (4)**

1. Corporation Name
SALEM DISCOUNT INSURANCE, INC.



Principal Place of Business: **700-71 ST. MIAMI BCH FL 33141 US**
Mailing Address: **700-71 ST. MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified: **03/19/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0310680**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**SALEM, JASON
700 71 ST.
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent (Print Name and Address of Registered Agent) Date

12. OFFICERS AND DIRECTORS

11. TITLE	DP	<input type="checkbox"/> DELETE
12. NAME	SALEM, JASON	
13. STREET ADDRESS	700 71 ST.	
14. CITY & STATE	MIAMI BEACH FL	
15. TITLE	DV	<input type="checkbox"/> DELETE
16. NAME	SALEM, JOSEPH	
17. STREET ADDRESS	700 71 ST.	
18. CITY & STATE	MIAMI BEACH FL	
19. TITLE	DST	<input type="checkbox"/> DELETE
20. NAME	SALEM, SAMIRA	
21. STREET ADDRESS	700 71 ST.	
22. CITY & STATE	MIAMI BEACH FL	
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY & STATE		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY & STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY & STATE	

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 provided for 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. 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 created in connection with an addition.

SIGNATURE: *Jason Salem*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 (305) 865-9777
DATE TIME PHONE #

CR2E034 (12/95)