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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F97727**

1. Corporation Name
ROBERTS SALVAGE COMPANY



Principal Place of Business
 511 83RD ST
 2067 MAIN STREET
 HOLMES BCH FL 34217
 US

Mailing Address
 511 83RD ST
 2067 MAIN STREET
 HOLMES BCH FL 34217-1021
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2503 DAVIS BLVD**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **2503 DAVIS BLVD**
 Suite, Apt. #, etc.

22 City & State
 23 **SARASOTA FL**

27 City & State
 28 **SARASOTA FL**

24 Zip **34237** 25 Country **USA**
 29 Zip **34237** 30 Country **USA**

3. Date Incorporated or Qualified
09/01/1982

4. FEI Number
59-2213143

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 Tax. Yes No

9. Name and Address of Current Registered Agent
LEVY, ROBERT J
511 83RD STREET
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent
 81 Name **LEVY, ROBERT J.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2503 DAVIS BLVD
 83
 84 City **SARASOTA** FL 85 Zip Code **34237**

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 **ROBERT J. LEVY** *Robert Levy* **4/3/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	DICKSON, GEORGE G JR	
STREET ADDRESS	511 83RD STREET	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	LEVY, ROBERT J	
STREET ADDRESS	511 83RD STREET	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHYLLIS M. LEVY	
1.3 STREET ADDRESS	2503 DAVIS BLVD	
1.4 CITY-ST-ZIP	SARASOTA, FL 34237	
2.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT J. LEVY	
2.3 STREET ADDRESS	2503 DAVIS BLVD	
2.4 CITY-ST-ZIP	SARASOTA, FL 34237	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: **ROBERT J. LEVY** *Robert Levy* **4/3/99** **941-953-6897**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)