Apr 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97727**

Corporation Name

| ROBERT | 'S SALVAGE COMPANY | | | | | |
|---|---|--|---|---|--|---------------------------|
| Principal Place | e of Rusiness | Mailing Address | | | E NOOT BIND IN NIGHT BENEFT DIGHT BIN | |
| Principal Place of Business Mailing Address 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 | | | | 3. Date Incorporated or Qualifed | E IN THIS SPACE | |
| | | D. Malling Address | | 09/01/1982 4. FEI Number | Appli | ied For |
| | lace of Business | 2a. Mailing Address | IIS BLVD | 59-2213143 | | Applicable |
| Suite, Apt. | *, etc. | Suite, Apt. #, etc. | <u> </u> | 5. Certificate of Status Desired | \$8.75 Ad | ditional |
| 22 | | 27 City & State | | - Classic Compiler Financia | \$5.00 м | |
| | 2ASOTA FL | 28 SARASOTA | | Election Campaign Financing Trust Fund Contribution | Added to | |
| 一 Zip マゾっ | Country | Zip 34237 3 | Country 0 USA | This corporation owes the currer Personal Property Tax. | | □No |
| 24 347 | 237 25 USA 9. Name and Address of Curren | <u> </u> | 0 | 10. Name and Address of New Re | | |
| | 9. Name and Address of Curren | t Kegistered Agent | 81 Name | | | |
| LEVY | y, robert j | | | EVY ROBERT | | |
| l . | 83RD STREET | | | ress (P.O. Box Number is Not Acceptable B LVD |) | { |
| HOL | MES BEACH FL 34217 | | 83 | SUD DIVIS | <u>. </u> | |
| | | | | | 11 | |
| | • | | | PARASOTA | FL 85 39 | 237 |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | the above-named cor | poration submits this statement for the p | ourpose of changing its re | egistered stered |
| office or re | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga | of Florida, Such change was aut tions of, Section 607,0505, Florid | nonzed by the corporati | ion's board of directors. Thereby accept | the appointment as rega | Siereu _ |
| | | | | | | |
| } . | | T. LEYY A | lobert for | <u> </u> | +/3/99 | |
| SIGNATURE | | 5. LEYY A | lobert Lev egistered Agent signature require | ed when reinstating) | 7/3/9 7 DATE | |
| SIGNATURE | ROBERT Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: R | obert Ju- egistered Agent signature require 13. | ad when reinstating) ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRECTOR | S IN 12 |
| SIGNATURE | Signature, typed or printed frame of registered ager OFFICERS AN | nt and title if applicable. (NOTE: R | egistered Agent signature required 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRECTOR Change | |
| SIGNATURE | Signature, typed or printed frame of registered ager OFFICERS AN VPS DICKSON, GEORGE G JR | nt and title if applicable. (NOTE: R | egistered Agent sidiature requiri 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFF VPS OHYLLIS M. LEVY | DATE ICERS AND DIRECTOR Change | S IN 12 |
| SIGNATURE 12. IIILE | Signature, typed or printed frame of registered ager OFFICERS AN VPS DICKSON, GEORGE G JR 511 83RD STREET | nt and title if applicable. (NOTE: R | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFF VPS PHYLLIS M, LEVY 2503 DAVIS BLV | DATE ICERS AND DIRECTOR Change | S IN 12 |
| SIGNATURE 12. IIILE NAME | Signature, typed or printed name of registered ager OFFICERS AN VPS DICKSON, GEORGE G JR 511 83RD STREET HOLMES BEACH FL | nt and title if applicable. (NOTE: R) ID DIRECTORS DELETE | egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFF VPS PHYLLIS M. LEVY 2503 DAVIS BLV SARASOTA FL | DATE Change D 34237 | S IN 12 |
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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.

6.4 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTLY

4/3/99

94 1-953-6897 Daytime Phone #