

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90001 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # H40153
1. Corporation Name
A C SALVAGE, INCORPORATED

Principal Place of Business Mailing Address
5357 N. U.S. 1 5357 N. U.S. 1
FT. PIERCE FL 34946 FT. PIERCE FL 34946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date incorporated or Qualified
01/18/1985 02/01/99

4. FEI Number
59-2629375 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
CONSTANTINO, PETER, SR.
5357 N. U.S. 1
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent
81 Name BONG KEE KIM
82 Street Address (P.O. Box Number is Not Acceptable) 1357 No. U.S. 1
83
84 City FORT PIERCE FL 85 Zip Code 34946

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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME CONSTANTINO, PETE SR STREET ADDRESS 1178 35TH AVENUE SW CITY-ST-ZIP VERO BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME BONG KEE KIM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE _____ DAYTIME PHONE # _____

CR2E034 (5/99)

H40153
601973-90016

re.

To Whom it may concern

PLEASE BE ADVISED THAT I PURCHASED
A.C. SALVAGE INC ON 02/01/99.
THE ENCLOSED NOTICE IS THE FIRST
NOTICE I HAVE RECEIVED.

I HAVE BEEN ADVISED BY YOUR
OFFICE TO MAKE THE NECESSARY
CHANGES AND ENCLOSE A CHECK IN
THE AMOUNT OF \$140.00. THANK
YOU FOR YOUR ASSISTANCE.

Sincerely

[Signature]