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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR -5 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000048091**

1. Corporation Name
FLEET SALVAGE SYSTEMS, INC.

Principal Place of Business	Mailing Address
750 FLEET FINANCIAL COURT LONGWOOD FL 32750	750 FLEET FINANCIAL COURT LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1997

4. FEI Number
59-3449792
[ ] 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 Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 754 Fleet Financial Ct	26 754 Fleet Financial Ct
(Suite) Apt. #, etc. 22 300	(Suite) Apt. #, etc 27 300
City & State 23 Longwood, FL	City & State 28 Longwood, FL
Zip / Country 24 32750 25 USA	Zip / Country 29 32750 30 USA

9. Name and Address of Current Registered Agent

~~MICHAEL F TOWERS~~
~~750 FLEET FINANCIAL CT~~
~~LONGWOOD FL 32750~~

10. Name and Address of New Registered Agent

81 Name Andrea Mahoney
82 Street Address (P.O. Box Number is Not Acceptable)
2078 S. Parkton Dr
83
84 City Deltona FL 85 Zip Code 32725

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 Andrea Mahoney Andrea Mahoney President 3/3/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	11 TITLE	P, V, S, T	[X] Change [ ] Addition
NAME	MAHONEY, ANDREA		12 NAME	Andrea Mahoney	
STREET ADDRESS	2078 S PARKTON DR		13 STREET ADDRESS	2078 S. Parkton Dr	
CITY-ST-ZIP	DELTONA FL 32725		14 CITY-ST-ZIP	Deltona, FL 32725	
TITLE	VST	[X] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME	MICHAEL TOWERS		22 NAME		
STREET ADDRESS	961 PALM SPRGS RD		23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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****150.00 ****150.00

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: _____ 3/3/99 407 830 6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)