

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90015 026 \*\*\*150.00

0034742

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # 151475**

1. Corporation Name  
**PENSACOLA SCRAP PROCESSORS, INC.**

Principal Place of Business

~~3974 WOODCOCK~~  
~~SUITE 100~~  
JACKSONVILLE FL 32207  
US

Mailing Address

~~C/O E SAFER~~  
~~3974 WOODCOCK DR. SUITE 100~~  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **4925 Beach Blvd**

Suite, Apt. #, etc.

22

City & State

23 **Jacksonville FL**

Zip

24 **32207**

Country

25 **US**

2a. Mailing Address

26 **4925 Beach Blvd**

Suite, Apt. #, etc.

27

City & State

28 **Jacksonville FL**

Zip

29 **32207**

Country

30 **US**

3. Date Incorporated or Qualified

**06/25/1947**

4. FEI Number

**59-0575545**

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 ☐ No

9. Name and Address of Current Registered Agent

**SAFER, ELIOT J.**  
**3974 WOODCOCK DR**  
**SUITE 100**  
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4925 Beach Blvd**

83

84 City **Jacksonville**

**FL**

85 Zip Code

**32207**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **KAIMAN, MARVIN**

STREET ADDRESS **3974 WOODCOCK DR SUITE 100**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **FISH, MARVIN**

STREET ADDRESS **3974 WOODCOCK DR SUITE 100**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **KAIMAN, DAVID S.**

STREET ADDRESS **3974 WOODCOCK DR SUITE 100**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ DELETE

NAME **SAFER, ELIOT J.**

STREET ADDRESS **3974 WOODCOCK DR., SUITE 100**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Eliot J. Safer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)