

FILE NOW: FILING FEE AFTER MAY 1 IS \$2200

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 341711 (0)

1. Corporation Name

DOUGLAS FREIGHT SALVAGE CO



Principal Place of Business

Mailing Address

3520 N.W. 46 STREET
MIAMI FL 33142

3520 N.W. 46 STREET
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
02/17/1969

3a. Date of Last Report
03/16/1995

4. FEI Number
59-1232706

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, THOMAS
44700 S.W. 67TH AVE. P14
MIAMI FL 33155

81 Name Douglas Thomas

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

83

84 City St Augustine FL 85 Zip Code 32084

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 the date

(Date) Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOUGLAS, THOMAS
STREET ADDRESS 8100 S.W. 92 CT.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME DOUGLAS, STEVEN A.
STREET ADDRESS 12030 NW 1ST CT.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE P
2 NAME Douglas Thomas
3 STREET ADDRESS 411 Andreas St.
4 CITY-ST-ZIP St Augustine FL 32084

☒ Change ☐ Addition

5 TITLE VP
6 NAME Douglas Steven A.
7 STREET ADDRESS 4820 SW 196 Lane
8 CITY-ST-ZIP Ft Lauderdale FL 33332

☒ Change ☐ Addition

9 TITLE
10 NAME
11 STREET ADDRESS
12 CITY-ST-ZIP

☐ Change ☐ Addition

13 TITLE
14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP

☐ Change ☐ Addition

17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

THOMAS DOUGLAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 305 633-9685

Date

Daytime Phone #

CR2E034 (12/95)