

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90305 005 *1,050.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 633131

1. Corporation Name
SALVORS, INC.

Principal Place of Business
**200 GREENE ST
KEY WEST FL 33040**

Mailing Address
**200 GREENE ST
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/17/1979

4. FEI Number
59-2011502

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

9. Name and Address of Current Registered Agent

**FISHER, MELVIN A
200 GREENE ST
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name
Kim H. Fisher
82 Street Address (P.O. Box Number is Not Acceptable)
200 Greene St.
83
Key West, FL 33040
84 City **FL** 85 Zip Code

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

Kim H. Fisher (President)

(NOTE: Registered Agent signature required when reinstating)

3/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, MELVIN A.	
STREET ADDRESS	200 KEY HAVEN RD	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, KIM	
STREET ADDRESS	200 GREENE ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, TAFI R.	
STREET ADDRESS	200 GREENE ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, DELORES E	
STREET ADDRESS	200 GREENE STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fisher, Kim H.	
1.3 STREET ADDRESS	200 Greene St.	
1.4 CITY-ST-ZIP	Key West, FL 33040	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clyne, Patrick	
2.3 STREET ADDRESS	200 Greene St.	
2.4 CITY-ST-ZIP	Key West, FL 33040	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fisher, Dolores	
3.3 STREET ADDRESS	200 Greene St.	
3.4 CITY-ST-ZIP	Key West, FL 33040	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Abt, Taffi Fisher	
4.3 STREET ADDRESS	200 Greene St.	
4.4 CITY-ST-ZIP	Key West, FL 33040	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kim H. Fisher (President)* **Kim H Fisher**

3/25/99

Date

(305) 296-6533

Daytime Phone #

CR2E034 (11/98)