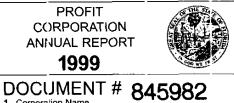
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

ACTION SALVAGE INCORPORATED

1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris 04-26-1999 90183 045 ***150.00



Principal Place of Business Mailing Address						III	18184 18511 B1881 B1410 18181	10110 HUI 01011 U	 	016H 318H 1901	
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								corporated or Qualife	d		
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2. Principa Place of Business 2a. Mailing Addre			2a. Mailing Address				4. FEI Nu				prlied For
21			26				59-20	<u>10349</u>			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifc.	te of Status Desired		7	Additional	
22			27								ec uired
City & State		City & State				Campaign Financing	· 🗆		May Be		
23		28				und Contribution			tc Fees		
Zip Country		*		Zip Count			This or rporation owes the current year.		rrent year in	angible □ Yes	[₽No
24	25		29	30	_			al Property Tax. and Address of New	Pagistarad		12110
	9. Name and Add	ess of Current R	egistered Agent		81	Name	IU. Name	and Address of New	Registereu	Agent	
HVI I	EMAN WILLIAM				"	Name					
HOLEMAN, WILLIAM 1031 S.W. 18TH CT.				82	Street A	cdress (P.O. Box	ss (P.O. Box Number is Not Acceptable)				
FT.LAUDERDALE FL 33315											
FI.D	NUDERDALE I E 300	,13			83						
					84	City				85 Zip	Code
					Ш				FL	• Landing if	a ragistared
office or re	enistered agent or hot	h, in the State of I	nd 607.1508, Florida Statu Florida, Such change was :	nuthorize	d by '	the corpor	orporation submit ation's board of c	s this statement for tr irectors. I hereby acc	ept the appor	ntment as r	eg stered
agent. a	m familiar with, and ac	cept the obligation	is of, Section 607.0505, Fl	orida Stat	utes.			•			
SIGNATURE											
	Signature, typed or printed nai				Agen	t signature rec	red when reinstating)	NS/CHANGES TO C	DATE	ID DIRECT	OE S IN 12
12.		OFFICERS AND	DIRECTORS DELETE	13.	7.5		ADDITIC	INS/CHANGES TO C	FFICENS A	Change	
TITLE	PD										
NAME		HOLEMAN, WILLIAM		1	1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	1031 S.W. 18TH (- 1)
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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 εnnual 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 εxecute 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: