

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97727** (4)
1. Corporation Name
ROBERTS SALVAGE COMPANY

Principal Place of Business	Mailing Address
% ROBERT J LEVY 2067 MAIN STREET SARASOTA FL 34237	% ROBERT J LEVY 2067 MAIN STREET SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1982	3a. Date of Last Report 04/26/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 511 83RD STREET	25 511 83RD STREET	59-2213143	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	7. This corporation has liability for intangible tax under S. 199.037 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 HOLMES BEACH, FL	28 HOLMES BEACH, FL		
Zip	Country		
24 34217	25		
	29 34217	30 USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, ROBERT J
2067 MAIN STREET
SARASOTA FL 34237

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	34217
511 83RD STREET	
83	
84 City	HOLMES BEACH FL

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 Robert J Levy **ROBERT J LEVY, PRES** 4/19/95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, GEORGE G JR	1.2 NAME	
STREET ADDRESS	2067 MAIN STREET	1.3 STREET ADDRESS	511 83RD STREET
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	PDT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ROBERT J	2.2 NAME	
STREET ADDRESS	2067 MAIN STREET	2.3 STREET ADDRESS	511 83RD STREET
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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: Robert J Levy 4/19/95 8137787238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

ROBERT J. LEVY