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FILED
Jul 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F97727

(4)

1. Corporation Name
ROBERTS SALVAGE COMPANY



Principal Place of Business
511 83RD STREET
~~2067 MAIN STREET~~
HOLMES BEACH FL 34217
US

Mailing Address
511 83RD STREET
~~2067 MAIN STREET~~
HOLMES BEACH FL 34217-1021
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

LEVY, ROBERT J
511 83RD STREET
HOLMES BEACH FL 34217

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
09/01/1982

3a. Date of Last Report
04/29/1996

4. FEI Number
59-2213143

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. 190.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

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 Levy Pres*
Signature, type, or printed name of registered agent and holder of office

(NOTE: Registered Agent Signature required when re-registering)

7/1/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/>	DELETE
NAME	DICKSON, GEORGE G JR		
STREET ADDRESS	511 83RD STREET		
CITY- ST- ZIP	HOLMES BEACH FL		
TITLE	PDT	<input type="checkbox"/>	DELETE
NAME	LEVY, ROBERT J		
STREET ADDRESS	511 83RD STREET		
CITY- ST- ZIP	HOLMES BEACH FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY- ST- ZIP				
2.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY- ST- ZIP				
3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY- ST- ZIP				
4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY- ST- ZIP				
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Levy Pres*

7/1/97 04122787736

CR2E034 (9/96)