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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P92000012705 (9)

FILED Feb 25 1998 8:00am Secretary of State

| ACTION CYCL | LE SALVAGE, INC. | | | | | | | |
|--|---|-----------------------------|---|--|---|--|----------------------------|--------------------|
| Principal Place of Busin | ness | Mailing Address | | | | | 1818 18814 18814 BI | |
| 2628 PARK STREET | | 2128 EAST BOND DR | | | | | | |
| LAKE WORTH FL 33460 WP8 FL 33415 | | | | | | DO NOT WEITE IN THE | COMOE | |
| us us | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | - | | |
| | | | | | | 12/18/1992 | | 1 |
| 2. Principal Place of B | usiness | 2s. Mailing Address | | | | 12/10/1992 4. FEI Number | - ΤΔ | pplied For |
| 21 | | 26 | | | | 65-0376167 | 1 | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | _ | untry | | 8. This corporation owes or has paid the o | | 1 |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. | | No |
| | me and Address of Current | Hegistered Agent | | 81 | Name | 10. Name and Address of New Registere | Agent | |
| | IAM, WENDY | | | 1" | Name | | | |
| 2128 EAST BAND DR | | | | 82 | Street Addres | ss (P.O. Box Number is Not Acceptable) | | |
| WPB FL 33 | 1415 | | | 83 | | | | |
| | | | | | | | | |
| | | | | 84 | City | F | 85 Zip | Code |
| 11. Pursuant to the pro | visions of Sections 607 0502 | and 607 1508. Florida Sta | tutes the a | bove | -named corpor | | | ts registered |
| 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | registered |
| | r with, and accept the obligat | ions of, Section 607.0505, | Fiorida Sta | itutes. | | | | ŀ |
| SIGNATURE Signature, ty | ped or printed name of registered agent | and tills if applicable. (f | NOTE: Aegistere | ed Agen | nt signature required | when reinstating) DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTOR | RS IN 12 |
| TITLE D | | DELETE | 1.1 T | ITLE | | · · · · · · · · · · · · · · · · · · · | ☐ Change | Addition |
| | NINGHAM, AARON | | 12N | IAME | İ | | | |
| STREET ADDRESS 2128 E BOND DRIVE | | | 1,2,1, | | 1 | | | |
| CITY-ST-ZIP WES | | | | STREET A | address | | | |
| | E BOND DRIVE T PALM BEACH FL 33415 | | 1.3 S 1.4 C | HTY-ST | | | | |
| TITLE | | ☐ DELETE | 1.3 S 1.4 C 2.1 Ti | HTLE | | | Change | Addition |
| NAME | | | 1.3 S 1.4 C 2.1 TI 2.2 N | HTLE HAME | - ZIP | | Change | Addition |
| NAME STREET ADDRESS | | | 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S | OTY-ST TILE NAME STREET A | - ZIP ADDRESS | | Change | Addition |
| NAME Street address City-St-Zip | | ☐ DELETE | 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C | CITY-ST HTLE NAME STREET A CIFY-ST | - ZIP ADDRESS | | | |
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I hereby certify that the information supplied with this filling 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 of supplemental armual 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?