

FILE NOW. FILING FEE AFTER MARCH 1ST IS \$550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**DOCUMENT # P97000023052**

1. Corporation Name

PRIDE AUTO SALVAGE, INC.

Principal Place of Business  
1701 NW 22ND STREET  
OAKLAND FL 33311

Mailing Address  
1701 NW 22ND STREET  
OAKLAND FL 33311

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90035 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

65-0754475

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

21 629 NW 7 Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 629 NW 7 Ave  
Suite, Apt. #, etc.

City &amp; State

23 Ft Lauderdale FL  
City State

City &amp; State

27 Ft Lauderdale FL  
City State

Zip

24 FL 25 USA  
Zip Country

Zip

29 33311 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

WALDMAN & FELUREN, P.A.  
100 SE THIRD AVENUE  
SUITE 1500  
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REID, MICHAEL K  
11399 WHISPER SOUND DRIVE  
BOCA RATON FL 33428

1.2 NAME

1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ DELETE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)