**FILED** 

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90023 004 \*\*\*750.00

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

Mailing Address

1489 W. PALMETTO PARK ROAD

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000032107

1. Corporation Name

Principal Place of Business

NORTH AMERICAN SALVAGE SYSTEMS, INC.

1489 W. PALMI Suite 492 Boca Raton	etto park road Fl 33486	1489 W. PALMETTO PAI SUITE 492 BOCA RATON FL 33486			DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  04/07/1997	S SPACE	<u> </u>
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			<u>59-3439811</u>	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
22	<u> </u>	City & Ctata					
City & Stat	e	City & State		•	6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Countr	y	8. This corporation owes the current year In		
24	25	29	30		Personal Property Tax.	☐Yes	Mo No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	Agent	
007	THE DOUGE 14		8	Name	е		
	TLIEB, BRUCE M NORTH 46 AVENUE		82	? Stree	et Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021			8:	-		<del></del>	
	2111000120021		L	<u>'</u>			
			84	City	FL	85 Zip	o Code
SIGNATURE	m familiar with, and accept the ob-				e required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	OFFICERS	XIXX ETE	1.1 TITLE		PRESIDENT		e XXXXIIIIon
NAME	MCNAUGHT, JOHN		1.2 NAME		LUCEY, GERARD	_ ,	<del>-</del>
STREET ADDRESS	3610 DEESON RD.			T ADDRES	1400 ET DATMERRO DADE	POAD	#492
CITY-ST-ZIP	LAKELAND FL 33809		1.4 CfTY-			33486	
TITLE		☐ DELETE	2.1 TITLE		1	Change	e Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRES	s		
CITY+ST-ZIP			2. 4 CITY-	ST-ZIP			. Madillan
TITLE .		DELETE	3.1 TITLE			Change	e
NAME	ı		3.2 NAME				
STREET ADDRESS				ET ADDRES	S		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	\$1-ZIP	+	Change	e Addition
NAME		<del></del>	4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRES	s		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRES	S		
CITY-ST-ZIP		□ or: c==	5.4 CITY- 6.1 TITLE	ST- ZIP	<u> </u>	Clore	e Addition
TITLE		☐ DELETE	6.1 IIILE			Change	: LAUGION
NAME	!		0.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARAGE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARAGE AND TYPED OF THE SIGNING OFFICER OR DIRECTOR GARAGE AND TYPED OFFICER OR DIRECTOR GARAGE AND TYPED OFFICER OR THE SIGNING OFFICER 1. 13.21.

561-750-4477

Daytime Phone #

CR2E034 (11/98)