

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90213 044 \*\*\*150.00

DOCUMENT # P98000057610

1. Corporation Name  
BOOTY SALVAGE, INC.



Principal Place of Business  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

2. Principal Place of Business

21 1357 S RIDGE LAKE CIRCLE

2a. Mailing Address

26 1357 S RIDGE LAKE CIRCLE

4. FEI Number

57-106 8889

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 LONGWOOD

City & State

28 LONGWOOD

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 FL 25 32750

Zip

29 FL 30 32750

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

RICHARD SCHMITT

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

1357 S RIDGE LAKE CIRCLE

83

84 City

LONGWOOD FL

85 Zip Code

32750

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

Richard Schmitt

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME SCHMITT, RICHARD  
STREET ADDRESS 118 WEST ORANGE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VTD  
NAME SAVEGE, LESLIE F  
STREET ADDRESS 118 WEST ORANGE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD  
1.2 NAME SCHMITT, RICHARD  
1.3 STREET ADDRESS 1357 S RIDGE LAKE CIRCLE  
1.4 CITY-ST-ZIP LONGWOOD FL 32750

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

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

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

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

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Schmitt

DATE

4/14/99 407-831-6292

Daytime Phone #

CR2E034 (1/1/98)