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

DOCUMENT # P98000076278

1. Corporation Name

CAMPBELL SALVAGE INC.

Principa	al Place of	Business
4047 N	SECONDIAM	ALIE

MIAMI BEACH FL 33140

Mailing Address

4017 N. MERIDIAN AVE. MIAMI BEACH FL 33140

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90002 044 ***150.00



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			[]	3. Date Incorporated or Qualifed						
						08/28/19	998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Apr	lied For	
21		26	26			6508 68 444			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8,75 Additional				
22	<u> </u>	27				5. Certificate of Status Desired Fee Required				
City & State	State City & State				6. Election Campaign Financing \$5.00 May Be					
23		28			- 1	Trust Fund Contribution Added to Fees				
Zip	Country	Zip	1			8. This corporation owes the current year Intangible				
24	25	29 3	30			Personal Property Tax.				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
			8	1 Name						1
CAMPBELL, JOHN PAUL			8	2 Stroot A	Address (P.O. Box Number is Not Acceptable)					
4017	7 N. MERIDIAN AVE.		"	2 308617	4001699	(F.O. BOX NO	IIIDEI IS NOT AC	copiabicy		
MIAIM	MI BEACH FL 33140		8	3			_			
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			8	4 City				FI	85 Zip C	oae
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	s, the abo	ve-named o	corporat	ion submits th	is statement fo	r the purpose o	f changing its i	registered
office or re	egistered agent, or both, in the State :	of Florida. Such change was aut	nonzed b	v tne corpo	ration's	board of direct	ctors. I hereby a	accept the appo	intment as reg	istered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statute	S.						
SIGNATURE	*	ANOTE: E	Ingintered Ac	ent signature re	aguired who	an reinstating)		DATE		\
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	ent eilluame te	squired enic		CHANGES TO		ND DIRECTO	RS IN 12
TITLE	2 C 00	DELETE	1,1 TITLE		200	STOCK			Change	Addition
	TONO CAMPBELL STATE		TA	LA P.	CAMBAI	E.L.1	_ ,			
	401		(10	να <i>Δ</i> /	MERID	IAN AV	E.	ļ		
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			6.4 CITY							Ì
CITY-ST-ZIP	<u> </u>						<u></u>		115 11 11 1	<u></u>

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.

Daytime Phone #