

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:38**

DOCUMENT # V59407

(9)

1. Corporation Name

SALVAGED MERCHANDISE, INC.

Principal Place of Business

**1803 S. AUSTRALIAN AVE.
SUITE A
WEST PALM BEACH FL 33409**

Mailing Address

**1803 S. AUSTRALIAN AVE.
SUITE A
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/20/1992

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0350711

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 4360 NORTHLAKE BLVD

2a. Mailing Address

26 Suite, Apt. #, etc. "SAME"

Suite, Apt. #, etc.

22 # 205

Suite, Apt. #, etc.

27 "SAME"

City & State

23 PALM BCH GARDENS FL

City & State

28

Zip

24 33410

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WASHOFKY, MARTIN E.
1803 S. AUSTRALIAN AVE.
SUITE A
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

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

4360 NORTHLAKE BLVD #205

83

84 City **PALM BCH GARDENS**

FL

85 Zip Code

33410

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

**TITLE DP
NAME LUHMANN, DIETER
STREET ADDRESS 1803 S. AUSTRALIAN AVE.
CITY - ST - ZIP W. PALM BEACH FL**

TITLE D

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

☒ Change ☐ Addition

**4360 NORTHLAKE BLVD #205
PALM BCH GARDENS, FL 33410**

☐ Change ☒ Addition

**D
HELGA LOHSE
4360 NORTHLAKE BLVD #205
PALM BCH GARDENS, FL 33410**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registered agent 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.

SIGNATURE:

DIETER LUHMANN 1/27/95

Typed

Signature (Typed)