

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V59407

(9)

1. Corporation Name
SALVAGED MERCHANDISE, INC.

Principal Place of Business
4360 NORTHLAKE BLVD.
#205
PALM BCH. GARDENS FL 33410
US

Mailing Address
4360 NORTHLAKE BLVD.
STE. 205
PALM BCH. GARDENS FL 33410-6265
US



2. Principal Place of Business

21 State & County

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State & County

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
08/20/1992

3a. Date of Last Report
05/01/1996

4. FET 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. 193.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WASHOFKY, MARTIN E
4360 NORTHLAKE BOULEVARD
STE. 205
PALM BCH. GARDENS FL 33410

81 Name

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

83

84 City

FL

85 Zip Code

11. Every year, the preparation of Sections 607.0102 and 607.1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I, the undersigned, as a director of the corporation, hereby accept the appointment as registered agent. I understand and agree to the statement of Section 607.0105, Florida Statutes.

12. OFFICERS AND DIRECTORS

DP
LUHMANN, DIETER
4360 NORTHLAKE BLVD., #205
PALM BEACH GARDENS FL

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

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information provided in this 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 or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name and address are as follows: 1. Name, 2. Address, 3. City, State, and Zip Code.

SIGNATURE:

DIETER LUHMANN

2-24-97

SB1-694-2400

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CR2E034 (9/96)