

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
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90006 048 ***150.00

DOCUMENT # V59407

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
US

2. Principal Place of Business

21 10691 Hwy 441 North
Suite, Apt. #, etc.

2a. Mailing Address

26 10691 US Hwy 441 North
Suite, Apt. #, etc.

City & State

23 Okeechobee

City & State

28 Okeechobee

Zip Country

24 34972 25 USA

Zip Country

29 34972 30 USA

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1992

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Dieter Luhmann

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

10691 US Hwy 441 North

83

84

Okeechobee

FL

85 Zip Code

34972

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)

3.23.99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LUHMANN, DIETER
STREET ADDRESS 4360 NORTHLAKE BLVD., #205
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE

NAME LOHSE, HELGA
STREET ADDRESS 4360 NORTHLAKE BLVD., #205
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

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☐ Addition

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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.99

DATE

941-763-5062

Daytime Phone #

0029503

CR2E034 (11/98)