

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 731575 (7)

1. Corporation Name

FLORIDA AUTO DISMANTLERS AND RECYCLERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1133 WEST MORSA BLVD  
SUITE 201  
WINTER PARK FL 32789

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SUITE 201  
WINTER PARK FL 32789

3. Date Incorporated or Qualified  
01/08/1975

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
51-0189513

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROW-SEGAL, PAT  
% CROW-SEGAL MANAGEMENT CO, INC  
1133 W. MORSE BLVD., STE. 201  
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAND, STEVE	
STREET ADDRESS	3159 HWY. 60 EAST	
CITY - ST - ZIP	VALRICO FL 33594-3966	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, KAREN	
STREET ADDRESS	P.O. BOX 50537 N/A	
CITY - ST - ZIP	FT. MYERS FL 33905	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EUBANKS, BOB	
STREET ADDRESS	1932 N. LANE AVENUE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOWARD, GARRY	
STREET ADDRESS	729 N BEAL PKWY	
CITY - ST - ZIP	FT. WALTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATHAM, DOUG	
STREET ADDRESS	775 CIDCO ROAD	
CITY - ST - ZIP	COCOA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WHITE, ALBERT	
STREET ADDRESS	6575 BLANDING BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 Date

407-647-8839 Daytime Phone #

CR2E037 (12/95)