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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731575 (7)

1. Corporation Name
FLORIDA AUTO DISMANTLERS AND RECYCLERS ASSOCIATION, INC.

Principal Place of Business 1133 WEST MORSA BLVD SUITE 201 WINTER PARK FL 32789	Mailing Address 1133 WEST MORSA BLVD SUITE 201 WINTER PARK FL 32789-3788
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3. Date Incorporated or Qualified 01/08/1975	3a. Date of Last Report 04/12/1996
4. FEI Number 51-0189513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLLAND, STEVE		1.2 NAME DAMRON, LENNY	
STREET ADDRESS 3159 HWY. 60 EAST		1.3 STREET ADDRESS P.O. BOX 2349 N/A	
CITY-ST-ZIP VALRICO FL 33594-3988		1.4 CITY-ST-ZIP CRYSTAL RIVER, FL 34460	
TITLE PPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPMAN, KAREN		2.2 NAME	
STREET ADDRESS P.O. BOX 50537 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33905		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EUBANKS, BOB		3.2 NAME EUBANKS, BOB	
STREET ADDRESS 1932 N. LANE AVENUE		3.3 STREET ADDRESS 1932 N. LANE AVENUE	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP JACKSONVILLE, FL 32254	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, GARRY		4.2 NAME HOWARD, GARRY	
STREET ADDRESS 729 N BEAL PKWY		4.3 STREET ADDRESS 729 N. BEAL PKWY	
CITY-ST-ZIP FT. WALTON BCH FL		4.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LATHAM, DOUG		5.2 NAME	
STREET ADDRESS 775 CIDCO ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL		5.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITE, ALBERT		6.2 NAME BUTLER, JIM	
STREET ADDRESS 6575 BLANDING BLVD		6.3 STREET ADDRESS 6401 N. PALAFOX	
CITY-ST-ZIP JACKSONVILLE FL		6.4 CITY-ST-ZIP PENSACOLA, FL 32503	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/23/97** DAYTIME PHONE: **904-863-4167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)