


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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1133 WEST MORSA BLVD                  SUITE 201                  WINTER PARK FL 32789</b>	Mailing Address <b>1133 WEST MORSA BLVD                  SUITE 201                  WINTER PARK FL 32789</b>
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3. Date Incorporated or Qualified <b>01/08/1975</b>	
4. FEI Number <b>51-0189513</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAMRON, LENNY</b>	
STREET ADDRESS	<b>PO BOX 2349 N/A</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>PPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPMAN, KAREN</b>	
STREET ADDRESS	<b>P.O. BOX 50537 N/A</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33905</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EUBANKS, BOB</b>	
STREET ADDRESS	<b>1932 N. LANE AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOWARD, GARRY</b>	
STREET ADDRESS	<b>729 N BEAL PKWY</b>	
CITY-ST-ZIP	<b>FT. WALTON BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LATHAM, DOUG</b>	
STREET ADDRESS	<b>775 CIDCO ROAD</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUTLER, JIM</b>	
STREET ADDRESS	<b>6401 N PALAFOX</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D REED, JEFF</b>
5.3 STREET ADDRESS	<b>1624 HIGHWAY 60 WEST</b>
5.4 CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D GAGEL, MIKE</b>
6.3 STREET ADDRESS	<b>6701 78TH STREET</b>
6.4 CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>

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

SIGNATURE: *Garry Howard* 3/17/98 850-863-4167

CR2E037 (10/97)