

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90099 022 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731575**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0189513
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Country 29	Trust Fund Contribution <input type="checkbox"/>

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 FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DAMRON, LENNY STREET ADDRESS PO BOX 2349 N/A CITY-ST-ZIP CRYSTAL RIVER FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PPD NAME CHAPMAN, KAREN STREET ADDRESS P.O. BOX 50537 N/A CITY-ST-ZIP FT. MYERS FL 33905	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME EUBANKS, BOB STREET ADDRESS 1932 N. LANE AVENUE CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME HOWARD, GARRY STREET ADDRESS 729 N BEAL PKWY CITY-ST-ZIP FT. WALTON BCH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REED, JEFF STREET ADDRESS 1624 HIGHWAY 60 WEST CITY-ST-ZIP LAKE WALES FL 33853	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GAGEL, MIKE STREET ADDRESS 6701 78TH ST CITY-ST-ZIP RIVERVIEW FL 33569	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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** *5/30/99* *407-647-8839*  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037-(11/98)