

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000006203 (2)**

1. Corporation Name
REPUBLIC INDUSTRIES, INC.



Principal Place of Business 200 EAST LAS OLAS BLVD STE 1400 FORT LAUDERDALE FL 33301	Mailing Address 200 EAST LAS OLAS BLVD STE 1400 FORT LAUDERDALE FL 33301-2248
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3. Date Incorporated or Qualified 12/20/1995	3a. Date of Last Report 03/15/1996
4. FEI Number 73-1105145	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	

2. Principal Place of Business	2a. Mailing Address
21 450 E. Las Olas Blvd.	26 450 E. Las Olas Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste. 1200	27 Ste. 1200
City & State	City & State
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
Zip Country	Zip Country
24 33301 USA	29 33301 USA

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	FL

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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	450 E. LAS OLAS BLVD. STE 1200
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Steven R. Berrand
STREET ADDRESS		3.3 STREET ADDRESS	450 E. LAS OLAS BLVD STE 1200
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Richard L. Handley
STREET ADDRESS		4.3 STREET ADDRESS	450 E. LAS OLAS BLVD STE 1200
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	450 E. LAS OLAS BLVD STE 1200
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	450 E. LAS OLAS BLVD STE 1200
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301

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

SIGNATURE: *Richard L. Handley* **Richard L. Handley** 3/11/97 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #