

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

FILED

**Mar 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F95000006203 (2)
1. Corporation Name
REPUBLIC INDUSTRIES, INC.



Principal Place of Business 450 E LAS OLAS BLVD SUITE 1200 FORT LAUDERDALE FL 33301 US	Mailing Address 450 E LAS OLAS BLVD SUITE 1200 FORT LAUDERDALE FL 33301 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 S.E. 6th Street Suite, Apt. #, etc. 22 20th Floor City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country 25 US	2a. Mailing Address 26 110 S.E. 6th Street Suite, Apt. #, etc. 27 20th Floor City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 US
--	---

3. Date Incorporated or Qualified 12/20/1995	4. FEI Number 73-1105145	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME HUIZENGA, H W	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200	CITY-ST-ZIP FT LAUDERDALE FL	1.2 NAME	
		1.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor	
		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE PD	NAME BERRARD, STEVEN R.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200	CITY-ST-ZIP FT LAUDERDALE FL	2.2 NAME	
		2.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor	
		2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE VS	NAME HANDLEY, RICHARD L.	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200	CITY-ST-ZIP FT LAUDERDALE FL	3.2 NAME Cole, James O.	
		3.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor	
		3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE VT	NAME PEDDY, COURTLAND	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200	CITY-ST-ZIP FT LAUDERDALE FL	4.2 NAME Hyle, Kathleen	
		4.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor	
		4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE V	NAME KOOGLER, DONALD E	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 450 E LAS OLAS BLVD., SUITE 1200	CITY-ST-ZIP FT LAUDERDALE FL	5.2 NAME Hawkins, Thomas W.	
		5.3 STREET ADDRESS 110 S.E. 6th Street, 20th Floor	
		5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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

SIGNATURE: _____ James O. Cole, 21107 2nd St, Ft. Lauderdale, FL 33301

CR2E034 (10/97)