

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morim Secretary of State DIVISION OF CORPORATIONS
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98 JUL 27 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P93000022096 (0)**  
1. Corporation Name  
**419 METAL AND AUTO RECYCLING CENTER INC.**

Principal Place of Business <b>800 OLD SANDFORD OVIEDO RD WINTER SPRINGS FL 32708</b>	Mailing Address <b>800 OLD SANDFORD OVIEDO R WINTER SPRINGS FL 32708</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/22/1993</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-3227821</b>	Applied For Not Applicable
22 City & State	23	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	25 Country	29 Zip	30 Cetry	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. Name and Address of Current Registered Agent <b>PHILLIPS, BART 7220 LAKE FLOY CR ORLANDO FL 32819</b>				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the bve-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 authoriz 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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Register Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 LE				1.1 LE	
1.2 ME				1.2 ME	
1.3 SET ADDRESS				1.3 SET ADDRESS	
1.4 Y-ST-ZIP				1.4 Y-ST-ZIP	
2.1 LE				2.1 LE	
2.2 ME				2.2 ME	
2.3 SET ADDRESS				2.3 SET ADDRESS	
2.4 Y-ST-ZIP				2.4 Y-ST-ZIP	
3.1 LE				3.1 LE	
3.2 ME				3.2 ME	
3.3 SET ADDRESS				3.3 SET ADDRESS	
3.4 Y-ST-ZIP				3.4 Y-ST-ZIP	
4.1 E				4.1 E	
4.2 ME				4.2 ME	
4.3 SET ADDRESS				4.3 SET ADDRESS	
4.4 Y-ST-ZIP				4.4 Y-ST-ZIP	
5.1 E				5.1 E	
5.2 ME				5.2 ME	
5.3 SET ADDRESS				5.3 SET ADDRESS	
5.4 Y-ST-ZIP				5.4 Y-ST-ZIP	
6.1 E				6.1 E	
6.2 ME				6.2 ME	
6.3 SET ADDRESS				6.3 SET ADDRESS	
6.4 Y-ST-ZIP				6.4 Y-ST-ZIP	

8. Name and Address of Current Registered Agent <b>PHILLIPS, BART 7220 LAKE FLOY CR ORLANDO FL 32819</b>		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 bve-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 authoriz 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: Register Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, BART	1.2 ME	
STREET ADDRESS	7220 LK.FLOY CR	1.3 SET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 Y-ST-ZIP	
TITLE		2.1 LE	
NAME		2.2 ME	
STREET ADDRESS		2.3 SET ADDRESS	
CITY-ST-ZIP		2.4 Y-ST-ZIP	
TITLE		3.1 LE	
NAME		3.2 ME	
STREET ADDRESS		3.3 SET ADDRESS	
CITY-ST-ZIP		3.4 Y-ST-ZIP	
TITLE		4.1 E	
NAME		4.2 ME	
STREET ADDRESS		4.3 SET ADDRESS	
CITY-ST-ZIP		4.4 Y-ST-ZIP	
TITLE		5.1 E	
NAME		5.2 ME	
STREET ADDRESS		5.3 SET ADDRESS	
CITY-ST-ZIP		5.4 Y-ST-ZIP	
TITLE		6.1 E	
NAME		6.2 ME	
STREET ADDRESS		6.3 SET ADDRESS	
CITY-ST-ZIP		6.4 Y-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 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: \_\_\_\_\_ 2-2-98 (407) 327-4419

CS2E034 (10/97)

2012

July 10, 1998

To: Dept. of State  
Division of Corporation

I am writing to request  
a waiver in the \$400.00  
penalty for late filing.  
I have had the letter  
signed & check written for  
several months but only  
just realized you hadn't  
received it because it had  
fallen behind the office desk  
with one other piece of mail.  
(I had actually wondered  
how long the Dept. of State  
would be holding my check  
before cashing it since it  
never showed up as clearing  
in my account.)

Thank you for any  
consideration in this matter.  
Please call if you have