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

**PROFIT CORPORATION** ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Jan 20 1998 8:00am

Secretary of State

DOCUMENT # 1. Corporation Name

456760

(8)

| DON'S   | S AUTO RECYCLING, IN                       | NC.                                    |  |                                 |   |  |                                 |                             |
|---|--|--|--|---------------------------------|---|--|---------------------------------|-----------------------------|
| Principal Plac  | e of Business                              | Mailing Address                        |  |                                 |   | I AND KALI DI DAN  | HERIT MERIT MERIT ME            | OFF WHOSE SOME              |
| 9668 A.D. MIMS RD.<br>ORLANDO FL 32818                |  | 8668 A.D. MIMS RD.<br>ORLANDO FL 32818 |  |                                 | DO NOT WRITE IN THIS SPACE              |  |                                 |                             |
|   |  |  |  |                                 |   | 3. Date Incorporated or Qualified  |                                 |                             |
|   |  |  |  |                                 |   | 07/11/1974   |                                 |                             |
| <u> </u>  | Place of Business                          | 2a, Mailing Address                    |  |                                 |   | 4. FEI Number  | IA A                            | pplied For                  |
| 21  |  | 26                                     |  |                                 |   | 59-1541537   | N                               | ot Applicable               |
| Suite, Apt  | #, etc.                                    | Suite, Apt. #, etc.                    | <u>├</u> ¬                                 |                                 | <b>5.</b> Certificate of Status Desired |  | Additional<br>equired           |                             |
| City & Stat   | c  | City & State                           | City & State                               |                                 | 6. Election Campaign Financing          | \$5.00   | May Be                          |                             |
| 23  |  | 28                                     | 28   |                                 | Trust Fund Contribution                 | Added  | to Fees                         |                             |
| Zıp   | Country                                    | Zip                                    | Co   | untry                           |   | 8. This corporation owes or has paid the d   | current year in                 | tangible                    |
| 24  | 2529                                       |  | 30   | 30                              |   | Personal Property Tax due June 30.  Yes No   |                                 |                             |
|   | 9. Name and Address of C                   | current Registered Agent               |  | 12:00                           |   | 10. Name and Address of New Registere  | d Agent                         |                             |
|   | )YNT, DONALD L.                            |  |  | 81 Na                           | me                                      |  |                                 |                             |
|   | 168 A.D. MIMS RD.<br>RLANDO FL 32818       |  | 82 Street Addre                            |                                 | oss (P.O. Box Number is Not Acceptable) |  |                                 |                             |
|   |  |  |  | 83                              |   |  |                                 |                             |
|   |  |  |  | <b>84</b> Cit                   |   | F  | L                               | Code                        |
| 11. Pursuant<br>office or r<br>agent. La<br>SIGNATURE |  |  |  |                                 |   | oration submits this statement for the purpose<br>on's board of directors. I hereby accept the a | of changing it<br>ppointment as | ts registered<br>registered |
|   | Signature, typed or profed name of registe |  |  | d Agent sign                    | ature require                           | d whon reinstating) DATE   | UD DIDECTOR                     | 00 151 40                   |
| 12.   | PD   | RS AND DIRECTORS                       | 13.  |                                 |   | ADDITIONS/CHANGES TO OFFICERS A  | Change                          | Addition                    |
|   |  | IAME BALLED A                          |  |                                 |   |  |                                 | Addition                    |
| NAME  | 8668 A.D. MIMS RD.                         |  | 1.2 NAME  1.3 STREET ADDRESS               |                                 |   |  |                                 |                             |
| STREET ADDRESS  | ORLANDO FL 32818                           |  |  |                                 | SS                                      |  |                                 |                             |
| CHTY-ST-ZIP   | ······································     |  | 211  | ITY-ST-ZIP                      |   |  | Change                          | Addition                    |
| NAME  | JOYNT, AMY M                               |  |  |                                 |   |  | Unlarige                        | L Addition                  |
| STREET ADDRESS  | 8668 A.D. MIMS RD.                         |  | 2.2 NAME                                   |                                 | er l                                    |  |                                 |                             |
|   | ORLANDO FL 32818                           |  | 2.3 STREET AUDRESS<br>2. 4 City - St - 7if |                                 | 55                                      |  |                                 |                             |
| CITY-ST-ZIF<br>TITLE                                  | ONDANDO I E DEDIO                          | DELETE                                 | 3.1 1                                      |                                 |   |  | Change                          | Addition                    |
| NAME  |  |  | 3.2 N                                      |                                 |   |  | Onlings                         | NOUNION                     |
| STREET ADDRESS  |  |  |  | anic<br>Treet addre             | 99                                      |  |                                 |                             |
| CITY-ST-ZIP   |  |  |  | CITY-ST-ZIP                     | <sup>35</sup>                           |  |                                 |                             |
| TITLE   |  | DELETE                                 | 4.17                                       |                                 |   |  | Change                          | Addition                    |
| NAME  |  |  | 4.21                                       |                                 |   |  |                                 |                             |
| STREET ADDRESS  |  |  |  | TREFT ADDRE                     | 22                                      |  |                                 |                             |
| CITY-\$1-ZIP  |  |  |  | HNCT FALZONI.<br>ITY - ST - ZIP | "                                       |  |                                 |                             |
| TITLE   |  | DELETE.                                | 5.1 T                                      |                                 |   |  | Change                          | Addition                    |
| NAME  |  |  | 5.2 N                                      |                                 |   |  |                                 |                             |
| STREET ADDRESS  |  |  |  | TREET ADDRE                     | 22                                      |  |                                 |                             |
| CITY-ST-ZIP   |  |  |  | ITY-ST-71P                      |   |  |                                 |                             |
| TITLE   |  | DELETE                                 | 611  |                                 |   |  | Change                          | Addition                    |
|   |  |  | •  |                                 | 1                                       |  |                                 |                             |

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 officer as if made under eath; 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. DondtyL

6 2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP