FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortnam CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (8)505826 **DOCUMENT #** 1. Corporation Name SCRAP-ALL OF SARASOTA, INC. Mailing Address Principal Place of Business P.O. BOX 5567 P.O. BOX 5567 **TAMPA FL 33675** 3a. Date of Last Report TAMPA FL 33675 3. Date incorporated or Qualified 04/26/1995 06/24/1976 Applied For FEI Number 2a. Mailing Address Not Applicable 59-1679265 2. Principal Place of Business \$8.75 Additional 26 21 5. Certificate of Status Desired Fee Required Suite, Apt. # etc. Suite, Apt. #, etc. \$5.00 May Be 27 6. Election Campaign Financing 22 \Box City & State Added to Fees City & State Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No 28 23 Country Country Zip 30 10. Name and Address of New Registered Agent 29 24 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) WAX, HERB 2801 FOURTH AVENUE 83 Zip Code P.O. BOX 5567 85 FL City 84 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Flor da 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. TAMPA FL 33675 (12/95) (NOTe: Flaggisters Agent squature required white remarking) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typod or practed home or regulation agent and third approach SIGNATURE 13. Change ☐ Addition DEFICERS AND DIRECTORS CR2E034 (12 DELETE 1.1 T/UE VP TITLE 1.2 NAME WAX, HERB NAME 1.3 STHEET ADDRESS 2801 4TH AVE. STREET ADDRESS Addition 1.4 CITY - \$1 - ZIP Change TAMPA FL CITY - ST - ZIP DELETE 2 1117.5 TITLE 2 2 NAME GOLDMAN, MARK 2.3 STREET ADDRESS 2801 4TH AVENUE STREET ADDRESS 2.4 CITY - ST. ZIP Addition Change TAMPA FL CITY-ST-ZIP 3 1 70148 T DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS ☐ Addition 3.4 City - St - ZIP Change DELETE CITY - ST - 7/P 4 1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS Addition 4.4 CITY - ST - ZIP Change CITY-ST-ZIP 5 ITIELE DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP ☐ Addition [] Change 6 1 TITLE CITY - ST - ZIP [] DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further that is the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further that the information indicated in the same legal effect as if made under the same legal effect as if made under the same legal effect as if the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further the same legal effect as if further the information indicated in the same legal effect as if further the information indicated in the same legal effect as if further the same legal STREET ADDRESS

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SIGNATURE: