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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Apr 10 1997 8:00am Secretary of State

SCRAP-ALL OF SARASOTA, INC. Principal Place of Business Mailing Address P.O. BOX 5567 P.O. BOX 5567					(
P.O. BOX 5567 TAMPA FL 3367	1 5		P.O. BOX 3967 TAMPA FL 33675-5567						
						3. Date incorporated or Qualified 06/24/1976	3a. Date 04/11/		Report
	lace of Business	}	ng Address			4. FEI Number 59-1679265		1	oplied For
Suite Apt.	# ofc	26) Suite,	, Apt. #, etc						ot Applicable Additional
2	e de la continue transformação de la compansa de la compansa de la compansa de la consta de la consta de la co	27				5. Certificate of Status Desired	<u> </u>		equired
City & Stat	0	- t	& State			Election Campaign Financing Trust Fund Contribution			May Be
23 Zipi	Country			Countr	у	8. This corporation has liability for			to Fees 199.032
4	25	29		30		Florida Statutes	Yes 🔲 1	No.	
	9, Name and Address of Cu	rrent Registered	Agent	81	I Name	10. Name and Address of New Re	gistered Age	ent	
	, Herb Fourth Avenue					······································			·
	BOX 5567		82 Street Ad		Street Add	ress (P.O. Box Number is Not Acceptable)			
	PA FL 33675			83	st				
				ļ.,				35 Zip	Code
				i 84	City				
		0500 1003 450		()	1 "		FL	- {	
11. Pursuant office of r	to the provisions of Sections 607 egistered agent, or both in the S	.0502 and 607.150 State of Florida, Suc	18, Florida Stati ch change was	()	1 "	poration submits this statement for the a	FL	- {	ts registered registered
	to the provisions of Sections 607 egistered agent, or both, in the S or familiar with, and accept the o	.0502 and 607.150 State of Florida. Suc obligations of, Secti	18, Florida Stati ch change was on 607.0505, F	()	1 "	poration submits this statement for the tallon's board of directors. I hereby acce	FL	- {	ts registered registered
	to the provisions of Sections 607 egistered agent, or both in the S or familiar with, and accept the o			utes, the above s authorized b Florida Statute	ve-named corpora by the corpora	poration submits this statement for the patients board of directors. I hereby acce	FL	- {	ts registered registered
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