

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J69393 (3)**  
1. Corporation Name  
**ASSOCIATED AUTO SALVAGE, INC.**



Principal Place of Business  
**3021 N.E. 46TH STREET  
FT. LAUDERDALE FL 33308-5315**

Mailing Address  
**P.O. BOX 23975  
FT. LAUDERDALE FL 33307-3975**

|                                |                         |                     |  |                                                                                                                                                                |  |                                              |  |
|--------------------------------|-------------------------|---------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business |                         | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>04/24/1987</b>                                                                                                         |  | 3a. Date of Last Report<br><b>11/03/1995</b> |  |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. |                     |  | 4. FEI Number<br><b>59-2803672</b>                                                                                                                             |  | Applied For<br>Not Applicable                |  |
| 22. City & State               | 27. City & State        |                     |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      |  | <b>\$8.75 Additional Fee Required</b>        |  |
| 23. Zip                        | 28. Zip                 |                     |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             |  | <b>\$5.00 May Be Added to Fees</b>           |  |
| 24. Country                    | 29. Country             |                     |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                              |  |

**9. Name and Address of Current Registered Agent**

**LEMBO, JOHN JR.  
3021 N.E. 46TH STREET  
FT. LAUDERDALE FL 33308-5315**

**10. Name and Address of New Registered Agent**

|                                                        |                 |
|--------------------------------------------------------|-----------------|
| 81. Name                                               |                 |
| 82. Street Address (P.O. Box Number is Not Acceptable) |                 |
| 83. City                                               |                 |
| 84. City                                               | FL 85. 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

Signature of Registered Agent (Print Name and Address)

Signature of Registered Agent (Print Name and Address)

(Date)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 1. TITLE                   | <b>PSTD</b>                     | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | <b>LEMBO, JOHN JR.</b>          | 2.1 NAME                                              |                                                                   |
| 3. STREET ADDRESS          | <b>3021 N.E. 46TH STREET</b>    | 3.1 STREET ADDRESS                                    |                                                                   |
| 4. CITY-STATE-ZIP          | <b>FT. LAUDERDALE FL</b>        | 4.1 CITY-STATE-ZIP                                    |                                                                   |
| 5. TITLE                   | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                 | 6.1 NAME                                              |                                                                   |
| 7. STREET ADDRESS          |                                 | 7.1 STREET ADDRESS                                    |                                                                   |
| 8. CITY-STATE-ZIP          |                                 | 8.1 CITY-STATE-ZIP                                    |                                                                   |
| 9. TITLE                   | <input type="checkbox"/> DELETE | 9.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                 | 10.1 NAME                                             |                                                                   |
| 11. STREET ADDRESS         |                                 | 11.1 STREET ADDRESS                                   |                                                                   |
| 12. CITY-STATE-ZIP         |                                 | 12.1 CITY-STATE-ZIP                                   |                                                                   |
| 13. TITLE                  | <input type="checkbox"/> DELETE | 13.1 TITLE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                 | 14.1 NAME                                             |                                                                   |
| 15. STREET ADDRESS         |                                 | 15.1 STREET ADDRESS                                   |                                                                   |
| 16. CITY-STATE-ZIP         |                                 | 16.1 CITY-STATE-ZIP                                   |                                                                   |
| 17. TITLE                  | <input type="checkbox"/> DELETE | 17.1 TITLE                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   |                                 | 18.1 NAME                                             |                                                                   |
| 19. STREET ADDRESS         |                                 | 19.1 STREET ADDRESS                                   |                                                                   |
| 20. CITY-STATE-ZIP         |                                 | 20.1 CITY-STATE-ZIP                                   |                                                                   |

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 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. I am attaching with an address.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(305) 791-2844**

Daytime Phone #

CR2E034 (12/95)