FILE NOW: FILING FEE AFTER MAY 1 IS $ [redacted]

APPROVED AND FILED

'95 MAY -1 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT

1995

DOCUMENT # K92927 (8)

1. W.C. CONCEPTS, INC.

6279 WINDLASS CIR BOYNTON BCH FL 33437 US	6279 WINDLASS CIR BOYNTON BCH FL 33437 US

3. 05/30/1989 — 3a. 04/18/1994

4. FEI Number: 65-0132728 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fee

9. [redacted]

21 5273 WOODSTONE CIR W	26 5273 WOODSTONE CIR W
22	27
23 LAKE WORTH FL	28 LAKE WORTH FL
24 33463 25 PALM BEACH	29 33463 30 PALM BEACH

9. Name and Address of Current Registered Agent

COOK, WALLACE H.
180 1ST LANE
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name: COOK WALLACE H.
82 Street Address (P.O. Box Number is Not Acceptable): 5273 WOODSTONE CIR. W.
83
84 City: LAKE WORTH FL 85 ZIP: 33463

11. [redacted]

WALLACE H. COOK — Wallace H Cook — 4-28-95

12.

	PST
NAME	COOK, WALLACE H.
ADDRESS	6279 WINDLASS CIR
	BOYNTON BCH FL
	VD
NAME	DIXON, HARRIET
ADDRESS	6279 WINDLASS CIR
	BOYNTON BCH FL
	D
NAME	COOK, WALLACE H.
ADDRESS	6279 WINDLASS CIR
	BOYNTON BCH FL

13. ADDITIONAL NAME(S) OF OFFICER(S) AND/OR DIRECTOR(S)

NAME
ADDRESS
Change / Add

14. [redacted]

SIGNATURE: Wallace H Cook — WALLACE H. COOK — 4-17-95 — 407-967-9474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0264480 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # K94806 (2)

1. Corporation Name
VAIRO RENTAL CORP.

Principal Place of Business
C/O EUGENE VAIRO
12380 TROUT CIRCLE
SPRING HILL FL 34609

Mailing Address
C/O EUGENE VAIRO
12380 TROUT CIRCLE
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1989
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc.: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

4. FEI Number: 59-2956503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAIRO, EUGENE
12380 TROUT CIRCLE
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VAIRO, EUGENE
STREET ADDRESS	12380 TROUT CIRCLE
CITY-ST-ZIP	SPRING HILL FL
TITLE	DV
NAME	VAIRO, ANN
STREET ADDRESS	12380 TROUT CIRCLE
CITY-ST-ZIP	SPRING HILL FL
TITLE	V
NAME	VAIRO, PAUL
STREET ADDRESS	12380 TROUT CIRCLE
CITY-ST-ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-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)(i), Florida Statutes. I further certify that the information indicated on the 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, or on an attachment with an address.

SIGNATURE: Ann Vairo VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 Date
904 688 1612 Daytime Phone #

0354646 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # **K94810** **(4)**

1. Corporation Name

THE U.S. 1 HIGHWAY CORPORATION OF BUNNELL

Principal Place of Business:
% HOWARD SKLAR
81 SEMIMOLA BLVD
CASSELBERRY FL 32707

Mailing Address:
% HOWARD SKLAR
81 SEMIMOLA BLVD
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1989	04/20/1994
4. FEI Number: NOT APPLICABLE	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SKLAR, HOWARD
81 SEMIMOLA BLVD
CASSELBERRY 32707

10. Name and Address of New Registered Agent

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

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	[ ] Change [ ] Addition
NAME	SKLAR, HOWARD	
STREET ADDRESS	81 SEMINOLA BLVD.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-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)(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 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.

SIGNATURE: Howard Sklar HOWARD SKLAR 5-1-95 407 696 2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0037609 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # **K94816** **(1)**

1. Corporate Name

AFFORDABLE AUTO, TRUCK AND METAL RECYCLING CENTE R INC. OF FLAGLER COUNTY

Principal Place of Business	Mailing Address
% HOWARD SKLAR 81 SEMINOLA BLVD CASSELBERRY FL 32707	% HOWARD SKLAR 81 SEMINOLA BLVD CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1989**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has agreed to be subject to the provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKLAR, HOWARD
81 SEMMOLA BLVD
CASSELBERRY, 32707

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.1007 and F.S. 1998 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

TITLE	D
NAME	SKLAR, HOWARD
STREET ADDRESS	81 SEMINOLA BLVD
CITY-ST-ZIP	CASSELBERRY FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, individually formatted and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1, 12, or 13 above, or on an attachment with an address.

SIGNATURE: Howard Sklar Howard Sklar 5-1-95 407 696-2731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0097618 CP