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

APPROVED AND FILED
95 APR 27 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05529 (7)

1. Corporation Name
CLEARWATER AUTO RESOURCES, INC.

Principal Place of Business	Mailing Address
21869-US HWY 19 NORTH P. O. BOX 6167 CLEARWATER FL 34618-5167	21869-US HWY 19 NORTH P. O. BOX 6167 CLEARWATER FL 34618-5167

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/27/1989
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 34619 - 6167
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 34618 - 6167
29
Country
30

4. FEI Number: 58-1853353
☐ 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

BURTON, STEVEN G
100 SOUTH ASHLEY DR.
SUITE 1500
TAMPA FL 33601-3273

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, MICHAEL	1.2 NAME		
STREET ADDRESS	49-ROLLING HILL LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTBURY NY	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHUMAN, JEFFREY	2.2 NAME		
STREET ADDRESS	8 LANDAULETTE CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	FINK, SCOTT	3.2 NAME		
STREET ADDRESS	5622 WELLINGTON COURT	3.3 STREET ADDRESS	1781 MCCAULEY ROAD	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34625	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: X Scott Fink 04/19/95 813-799-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0498092 FP