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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # L05529 (7)

1. Corporation Name

CLEARWATER AUTO RESOURCES, INC.

Principal Place of Business	Mailing Address
21669-US HWY 19 NORTH P. O. BOX 8167 CLEARWATER FL 34618 US	21669-US HWY 19 NORTH P. O. BOX 8167 CLEARWATER FL 34618 US

3. Date Incorporated or Qualified: 07/27/1989
3a. Date of Last Report: 04/27/1995
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

2. Principal Place of Business	2a. Mailing Address
21 21699 U.S. Hwy 19 North	26 P.O. Box 8167
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip 24 34625 Country 25 Pinellas	Zip 29 34618-8167 Country 30 Pinellas

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**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D, P ☒ Change ☐ Addition
NAME	COHEN, MICHAEL	1.2 NAME	Cohen, Michael
STREET ADDRESS	49-ROLLING HILL LANE	1.3 STREET ADDRESS	49 Rolling Hill Lane
CITY-ST-ZIP	WESTBURY NY	1.4 CITY-ST-ZIP	Old Westbury, NY 11568
TITLE	D ☐ DELETE	2.1 TITLE	D, T, S ☒ Change ☐ Addition
NAME	SCHUMAN, JEFFREY	2.2 NAME	Schuman, Jeffrey
STREET ADDRESS	8 LANDAULETTE CT.	2.3 STREET ADDRESS	8 Lauderdale Court
CITY-ST-ZIP	MELVILLE NY	2.4 CITY-ST-ZIP	~~[illegible]~~ Melville, NY 11747
TITLE	D ☐ DELETE	3.1 TITLE	D, V ☒ Change ☐ Addition
NAME	FINK, SCOTT	3.2 NAME	Fink, Scott
STREET ADDRESS	1781 MCCAULEY RD	3.3 STREET ADDRESS	1781 McCauley Road
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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)(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, or on an attachment with an address.

SIGNATURE: Vice President 02/ /96 813-799-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)