FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Aug 06 1996 8:00 am
Secretary of State

DOCUMENT # **L32940** **(3)**

1. Corporation Name
CUYAHOGA WRECKING CORPORATION

Principal Place of Business
1790 SERVICE ROAD
OPA LOCKA FL 33054

Mailing Address
P.O. BOX 65
OPA LOCKA FL 33054

3. Date Incorporated or Qualified: **11/30/1989**
3a. Date of Last Report: **01/19/1996**

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

4. FEI Number: **65-0169838** — 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
SCHWAB, CHARLES
1790 SERVICE ROAD
OPA LOCKA FL 33054

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 _____ 7-29-96
Signature (typed or printed name of individual or corporate registered agent) — (If a Registered Agent is an entity, signature required on reverse side) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SCHWAB, CHARLES	
STREET ADDRESS	1790 SERVICE RD	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	V	☐ DELETE
NAME	SCHWAB, WILLIAM	
STREET ADDRESS	~~1790 SERVICE RD~~	
CITY-ST-ZIP	~~OPA LOCKA FL~~	
TITLE	~~ST~~	☒ DELETE
NAME	~~HERNANDEZ, MARIA~~	
STREET ADDRESS	~~1790 SERVICE RD~~	
CITY-ST-ZIP	~~OPA LOCKA FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2733 PIERCE STREET	
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
3.1 TITLE	S.T.	☒ Change ☐ Addition
3.2 NAME	THOMAS SCHWAB	
3.3 STREET ADDRESS	11902 SW 44 STREET	
3.4 CITY-ST-ZIP	DAVIE FL 33330	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ WILLIAM J. SCHWAB 7-29-96 305-655-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)