

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

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 33064**

Mailing Address
**P.O. BOX 65
OPA LOCKA FL 33064**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1989	3a. Date of Last Report 01/19/1996
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number 65-0169838	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHWAB, CHARLES 1790 SERVICE ROAD OPA LOCKA FL 33054		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: *[Signature]* DATE: **7-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAB, CHARLES	1.2 NAME	
STREET ADDRESS	1790 SERVICE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWAB, WILLIAM	2.2 NAME	
STREET ADDRESS	1790 SERVICE RD	2.3 STREET ADDRESS	2733 PIERCE STREET
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MARIA	3.2 NAME	THOMAS SCHWAB
STREET ADDRESS	1790 SERVICE RD	3.3 STREET ADDRESS	11902 SW 44 STREET
CITY-ST-ZIP	OPA LOCKA FL	3.4 CITY-ST-ZIP	DAVIE FL 33330
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **WILLIAM J. SCHWAB** DATE: **7-29-96** TELEPHONE: **305-655-9662**

CR2E034 (12/95)