

**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

DOCUMENT # **L59656 (3)**  
1. Corporation Name  
**E & H CAR CRUSHING CO., INC.**



Principal Place of Business: **106 GLOUCESTER ST ORLANDO FL 32833-3459 US**  
Mailing Address: **106 GLOUCESTER ST ORLANDO FL 32833-3459 US**

3. Date Incorporated or Qualified: **03/20/1990**  
3a. Date of Last Report: **02/07/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3021919</b>	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
					<input checked="" type="checkbox"/>	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
					<input type="checkbox"/>	
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/>	

**9. Name and Address of Current Registered Agent**

**ERB, HAROLD G.  
19917 LANSDOWNE ST  
ORLANDO FL 32833**

**10. Name and Address of New Registered Agent**

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

**FL**

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: *Harold G. Erb* **President** DATE: **1/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERB, HAROLD G.	1.2 NAME	Harold G. Erb
STREET ADDRESS	19917 LANSDOWNE ST	1.3 STREET ADDRESS	19917 LANSDOWNE ST.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32833-3709
TITLE	STD	2.1 TITLE	Secretary - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERB, JOYCE A.	2.2 NAME	Joyce A. Erb
STREET ADDRESS	19917 LANSDOWNE ST	2.3 STREET ADDRESS	19917 LANSDOWNE ST.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32833-3709
TITLE		3.1 TITLE	Vice President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JAMES E. Erb
STREET ADDRESS		3.3 STREET ADDRESS	14426 DARING AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE		4.1 TITLE	Treasurer - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Darryl R. Erb
STREET ADDRESS		4.3 STREET ADDRESS	19917 LANSDOWNE ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando,
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Joyce A. Erb* DATE: **1/23/96** (407) 568-4024

CR2E034 (12/95)