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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:58

DOCUMENT # M17941 (9)

1. Corporation Name
SAILER'S AUTO SALVAGE, INC.

Principal Place of Business	Mailing Address
12770 CAIRO LANE OPA LOCKA FL 33054-1541	P.O. BOX 1464 OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1985	3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-2781505	☐ 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 12770 CAIRO LN.	26 PO BOX 5411464
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OPA LOCKA FL.	28 City & State: OPA LOCKA
24 Zip: 33054 25 Country	29 Zip: FL 30 Country: 33054

9. Name and Address of Current Registered Agent

SAILER, SUZANNE
13240 STIRLING RD.
FT. LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

81 Name: STEVEN C. SAILER
82 Street Address (P.O. Box Number is Not Acceptable): 1745 NE 174 Street
83
84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33162

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: Steven C. Sailer — DATE: 2-16-95
(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	P	1.1 TITLE	P ☑ Change ☐ Addition
NAME	SAILER, SUZANNE	1.2 NAME	STEVEN SAILER
STREET ADDRESS	13240 STIRLING RD.	1.3 STREET ADDRESS	1745 NE 174 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	1.4 CITY-ST-ZIP	NO. MIAMI BCH FL. 33162
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SAILER, STEVEN C	2.2 NAME	
STREET ADDRESS	1745 NE 174 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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 above, or on an attached sheet, with an address.

SIGNATURE: Steven C. Sailer — 2/16/95 — 688-7715
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0424040 FP