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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS.

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P93000013610 (9)

AMERICAN BOARTS CRUSHING CO., INC.

Principal Place of Business Mailing Address PO BOX 811598 8650 PARK OF COMMERCE BLVD **BOCA RATON FL 33487 BOCA RATON FL 33481-1598** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1993 03/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-6195594 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be m 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 84 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, typed or per lee name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13. X DELETE Change Addition 1.1 TITLE TUBLE DIRECTOR HYMAN, WILLIAM 1.2 NAME MICHAEL SCHARF NAME 6650 PARK OF COMMERCE BLVD 1.3 STREET ADDRESS 6650 PARK OF COMMERCE BLVD. STREET ADDRESS **BOCA RATON FL** BOCA RATON, FL 33487 1.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE Change Addition Addition 2.1 TITLE TITLE KIMMEL, JON S 2.2 NAME NAME 6650 PARK OF COMMERCE BLVD 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 2. 4 CITY - ST - ZIP City - St - ZIP Change DELETE Addition TITLE 3.1 TITLE SMITH, ROBERT 3.2 NAME NAME 6650 PARK OF COMMERCE BLVD 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS OFFY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C(TY - ST - ZIF Change ___ Addition DELETE TITLE 61 I/I/F NAMÉ 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

04/15/97

561-995-7900

JON KIMMEL