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

APPROVED AND FILED
95 MAY -1 PM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056800 (3)

1. Corporation Name
SANDY RIDGE AUTO SALVAGE, INC.

Principal Place of Business	Mailing Address
3030 NE 49TH ST. FT. LAUDERDALE FL 33308	3030 NE 49TH ST. FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3685 NORTH U.S. 1	26 3685 NORTH U.S. 1
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: FORT PIERCE FL	28 City & State: FORT PIERCE, FL
24 Zip: 34946 / 25 Country: USA	29 Zip: 34946 / 30 Country: USA

4. FEI Number: 65-0513776 ☐ 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	10. Name and Address of New Registered Agent
MINDICK, DAVID L 3685 NORTH HIGHWAY, U.S. #1 FT. PIERCE FL 34946	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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MINDICK, DAVID L	12 NAME	300001485873
STREET ADDRESS	3030 NE 49TH ST.	13 STREET ADDRESS	-05/12/95--01058--007
CITY ST ZIP	FT. LAUDERDALE FL 33308	14 CITY ST ZIP	****200.00 ******8.75
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FLIEGELMAN, WILLIAM	22 NAME	
STREET ADDRESS	6800 JARDIN PLACE	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33433	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PIZZA, JOHN	32 NAME	
STREET ADDRESS	1173 BUSH ST.	33 STREET ADDRESS	
CITY ST ZIP	BRIDGEPORT PA 19405	34 CITY ST ZIP	
TITLE	PRESIDENT	41 TITLE	☐ Change ☐ Addition
NAME	DAVID L. MINDICK	42 NAME	
STREET ADDRESS	3030 N.E 49th ST	43 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL. 33308	44 CITY ST ZIP	
TITLE	FLIEGELMAN WILLIAM, TREASURER	51 TITLE	☐ Change ☐ Addition
NAME	FLEIGELMAN WILLIAM	52 NAME	
STREET ADDRESS	6800 JARDIN PLACE	53 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL. 33433	54 CITY ST ZIP	
TITLE	CHAIR	61 TITLE	☐ Change ☐ Addition
NAME	PIZZA JOHN	62 NAME	
STREET ADDRESS	1173 BUSH ST.	63 STREET ADDRESS	
CITY ST ZIP	BRIDGEPORT PA. 19405	64 CITY ST ZIP	CH

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 Fliegelman 4-29-95 407-595-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314017 CP