


FILED

Feb 09 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000030268 (3)</b> <b>1. Corporation Name</b> <b>THE FLORIDA CARTRIDGE REMANUFACTURER ASSOCIATION, INC.</b>			
Principal Place of Business		Mailing Address	
<b>3178 PEMBROKE ROAD HALLANDALE FL 33009</b>		<b>3178 PEMBROKE ROAD HALLANDALE FL 33009</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b> Suite, Apt. #, etc. <b>3500</b>		<b>26</b> Suite, Apt. #, etc. <b>3500</b>	
<b>22</b> <b>HALLANDALE BEACH BLVD</b>		<b>27</b> <b>HALLANDALE BEACH BLVD</b>	
<b>23</b> City & State <b>PEMBROKE PINES, FL</b>		<b>28</b> City & State <b>PEMBROKE PINES, FL</b>	
<b>24</b> Zip <b>33023-5732</b> Country <b>USA</b>		<b>29</b> Zip <b>33023-5733</b> Country <b>USA</b>	
<b>g. Name and Address of Current Registered Agent</b>			
<b>CAVALLARO, JAMES 3178 PEMBROKE ROAD HALLANDALE FL 33009</b>			<b>81</b> Name  <b>82</b> Street Address <b>3500</b> <b>83</b> <b>84</b> City <b>PEMBROKE</b>
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b>			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	<b>CAVALLARO, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>3178 PEMBROKE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>PHILLIPS, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>8648 OLD CHENEY HWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>ROELLINGER, PIERRE</b>	3.2 NAME	
STREET ADDRESS	<b>1501 DECKER AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34994</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>KUHN, MATT</b>	4.2 NAME	
STREET ADDRESS	<b>1813 S.W. 31ST AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/13/1995</b>	
4. FEI Number <b>65-0586508</b>	Applied For  Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
ss (P.O. Box Number is Not Acceptable) <b>HALLANDALE BEACH BLVD.</b>	
<b>FL</b>	85 Zip Code <b>33023</b>

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
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVALLARO, JAMES	
STREET ADDRESS	3178 PEMBROKE ROAD	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, BILL	
STREET ADDRESS	8848 OLD CHENEY HWY	
CITY - ST - ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROELLINGER, PIERRE	
STREET ADDRESS	1501 DECKER AVE.	
CITY - ST - ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUHN, MATT	
STREET ADDRESS	1813 S.W. 31ST AVE	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LYNNE D. BRALY	
1.3 STREET ADDRESS	1009 23 RD ST.	
1.4 CITY-ST-ZIP	SARASOTA, FL 34234	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MATTHEW REED	
2.3 STREET ADDRESS	349 ANDOTTYWOOD LAKE	
2.4 CITY-ST-ZIP	W. PALM BEACH, FL 33414	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES CAVALHARO	
3.3 STREET ADDRESS	3500 HALLANDALE BEACH BLVD.	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KUHN, MATTHEW	
4.3 STREET ADDRESS	3500 W. HALLANDALE BEACH BLVD	
4.4 CITY-ST-ZIP	PEMBROKE PARK, FL 33023	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: Mark G. K. L. Mrs. E. K. L. P. 1-77 00 9-11/11-3-77

CR2E034 (10/97)