


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90201 013 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000030268

1. Corporation Name
THE FLORIDA CARTRIDGE REMANUFACTURER ASSOCIATION, INC.

Principal Place of Business
3178 PEMBROKE ROAD
HALLANDALE FL 33009

Mailing Address
3500 HALLANDALE BEACH BLVD
PEMBROKE PINES FL 33323-5733
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1995	
21		26		4. FEI Number 65-0586508	Applied For No: Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22		27			
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Country		Country			
24		29			
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CAVALLARO, JAMES 3500 HALLANDALE BEACH BLVD PEMBROKE PINES FL 33023			81	Name	
			82	Street Address (P.O. Box: Number is Not Acceptable)	
			83		
			84	City	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		Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	NAME	CAVALLARO, JAMES	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS			3178 PEMBROKE ROAD		
CITY-ST-ZIP			HALLANDALE FL 33009		
TITLE	D	NAME	PHILLIPS, BILL	<input type="checkbox"/> DELETE	
STREET ADDRESS			6648 OLD CHENEY HWY		
CITY-ST-ZIP			ORLANDO FL 32807		
TITLE	D	NAME	CAVALLARO, JAMES	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS			3500 HALLANDALE BEACH BLVD		
CITY-ST-ZIP			PEMBROKE PINES FL 33023		
TITLE	D	NAME	KUHN, MATTHEW	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS			3500 W HALLANDALE BEACH BLVD		
CITY-ST-ZIP			PEMBROKE PINES FL 33023		
TITLE	T	NAME	BRALY, LYNNE D	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS			1009 23RD ST		
CITY-ST-ZIP			SARASOTA FL 34234		
TITLE	S	NAME	REED, MATTHEW	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS			349 ANOTTYWOOD LANE		
CITY-ST-ZIP			W PALM BEACH FL 33414		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP			
2.1 TITLE	President	2.2 NAME	Bill Phillips	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	P.O. Box 677489 Orlando, FL 32867		
3.1 TITLE	Treasurer	3.2 NAME	Judy Gettle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	5424 Boran Place Tampa, FL 33610		
4.1 TITLE	St U-President	4.2 NAME	Brad Clapp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	1415 W. Smith St. Orlando, FL 32804		
5.1 TITLE	Secretary	5.2 NAME	Christine Phillips	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	P.O. Box 677489 Orlando, FL 32867		
6.1 TITLE	2nd U-President	6.2 NAME	Will Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	2025-A Portof Lake Dr. Sarasota, FL 34210		

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, with all other like empowered.

SIGNATURE:  **Bill Phillips** **Pres** **4/27/99** **407 282 6070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)