	PROFIT RPORATION UAL REPORT	Sa Sa	DEPARTMEN andra B. Morth ecretary of Sta	nam			
	1996	DIVISIO	N OF CORPO				
1. Corporatio	on Name	00051756	(1)				
B & I	K AUTO CRUSHING, INC.						
	e of Business DIXIE HIGHWAY IALE FL 33823	Mailing Address 1425 OLD DIXIE AUBURNDALE F					
					3. Date Incorporated or Qualifie 07/05/1995	d <b>3a</b> . Date	of Last Report
2. Principal Pl	Place of Business	2a. Mailing Address 26	;		4. FEI Number 59-332703	8	Applied For Not Applicable
Suite, Apt.	<b>#,</b> etc.	Suite, Apt. #, et	.C.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stati	e	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Cc 30	ountry		′es ∐″No	
• • • •	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of Nev	r Registered A	Agent
GERS	itman, Brian J Old Dixie Highway			82 Street Addr	ress (P.O. Box Number is Not Accep	table)	
. AUBU	IRNDALE FL 33823			83			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida S	tatutes, the ab	84 City	ration submits this statement for the j	FL ourpose of cha	85 Zip Code
<ol> <li>Pursuant or register familiar wi</li> </ol>		ta. Such change was aut on 607.0505, Florida Sta and tille if applicable. D DIRECTORS	NOTE: Register	84 City pove-named corpor e corporation's boa	rd of directors. I hereby accept the a	Durpose of cha ppointment as DATE	inging its registered office registered agent. I am
11. Pursuant or register familiar wi SIGNATURE 12. 11. TITLE NAME STREET ADORESS	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section Signature, typed or printed name of registered agent a OFFICERS AND OFFICERS AND GERSTMAN, BRIAN J 1425 OLD DIXIE HIGHWAY	ta. Such change was aut on 607.0505, Florida Sta and tille if applicable	NOTE: Register 1.1 1.1 1.2 1.3	84 City Dove named corpor a corporation's boa ed Agent signature require TITLE NAME STREET ADDRESS	rd of directors. I hereby accept the a	Durpose of cha ppointment as DATE FFICERS AND	inging its registered office registered agent. I am
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11. Pursuant or register familiar wi SIGNATURE 12. 11. 12. 11. 12. 11. 11. 11. 11. 11.	to the provisions of Sections 607.0502 red acent, or both, in the State of Florid filh, and accept the obligations of, Section Signature, typed or printed name of registered agent OFFICIERS AND GERSTMAN, BRIAN J 1425 OLD DIXIE HIGHWAY AUBURNDALE FL 33823 D GERSTMAN, BOBBY J 1425 OLD DIXIE HIGHWAY	Ia. Such change was aut on 607.0505, Florida Sta and tile if applicable. D DIRECTORS	CNOTE         Register           1         1           1         1           1         1           1         1           1         1           1         2           23         24           3         1           32         24	84     City       pove -named corporation's boa       ed Agent signature require       it       TITLE       NAME       STREET ADDRESS       City-St-ZiP       TITLE       NAME       STREET ADDRESS       City-St-ZiP       TITLE       NAME       STREET ADDRESS       City-St-ZiP	rd of directors. I hereby accept the a	DUIPOSE Of Cha ppointment as DATE FFICERS AND C	Inging its registered office registered agent. I am DIRECTORS IN 12 Change Addition
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