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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000061576

1. Corporation Name

BIG A AUTO RECYCLERS, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90046 005 ***150.00



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Principal Place	of Business	Mailing Address			·			12010 0111 1001	,
2200 S.W. 56TH AVENUE						DO NOT WRITE IN THIS SP	PACE		
						3. Date Incorporated or Qualifed			1
	·					08/09/1995			l
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For	۱ ۱
21		26				65-0601271		ot Applicable	ļ
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22		27.						equired	==
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees	
Zip	Country	Zip	$\overline{}$	intry		8, This corporation owes the current year Intang	jible] Yes	□No]
24	25		30			Totodiai i Toporty Tax:			1
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name									١
ACCE	TTURO, MIKE			"	Hame]
	S.W. 16TH COURT		82 Stree			ss (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES FL 33024				83					ł
PLWIO	HORE FINES I E 33024			03					ĺ
				84	City	FL	85 Zip	Code	
		1500 FI 11 01 1		\perp			anging its	registered	┨
figure of the office of the of	o the provisions of Sections 607.0502 gistered agent, or both, in the State o n familiar with, and accept the obligation	f Florida. Such change was at	uthorized	j by ti	named corpor ne corporation	ration submits this statement for the purpose of chars board of directors. I hereby accept the appointment	ent as re	egistered	Ì
SIGNATURE	<u> </u>								ļ
	Ignature, typed or printed name of registered agent		_	Agent :	signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIDECTO	DR IN 12	á
12.	OFFICERS AND	DELETE	13. 1,1 Π	T C] Change	Addition	(11/08)
	D ACCEPTION MILE							_	
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1	6824 S.W. 16TH COURT				ODRESS				5
	PEMBROKE PINES FL 33024	☐ DELETE	1.4 C	ΠΥ- <u>\$</u> Τ-	ZIP] Change	Addition	6
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} }	(4	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					1
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NAME			6.2 N	AME.	Ì	_	-		1
1					ADDRESS				
STREET ADDRESS			-	ITY-ST-]

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, and all other like expowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR