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FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090341 (5)

1. Corporation Name

A FAIRGROUNDS AUTOMOTIVE RECYCLING ENTERPRISES,
INC.

Principal Place of Business

11231 IRA LN.
LAKEWORTH FL 33467

Mailing Address

11231 IRA LN.
LAKEWORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

65-0653033

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 9395 N. Fairgrounds Rd
Suite, Apt. #, etc.

22 City & State
23 West Palm Beach, FL
24 Zip 33411 25 Country USA

2a. Mailing Address

26 11231 Ira Lane
Suite, Apt. #, etc.

27 City & State
28 Lake Worth, FL
29 Zip 33467 30 Country USA

9. Name and Address of Current Registered Agent

ORLANDS, BUDDY
11231 IRA LN.
LAKEWORTH FL 33467

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

D
NAME ORLANDS, BUDDY
STREET ADDRESS 11231 IRA LN.
CITY-ST-ZIP LAKEWORTH FL 33467

TITLE ☐ DELETE

P
NAME ORLANDS, CAROL
STREET ADDRESS 11231 IRA LN.
CITY-ST-ZIP LAKEWORTH FL 33467

TITLE ☐ DELETE

V
NAME ORLANDS, CAROL
STREET ADDRESS 11231 IRA LN.
CITY-ST-ZIP LAKEWORTH FL

TITLE ☐ DELETE

ST
NAME BRENNER, KEN
STREET ADDRESS 5760 CORAL RIDGE ISLES DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Carol Orland, Pres 1/29/98 501-793-0066

CR2E034 (10/97)