


FILED
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Secretary of State

03-22-1999 90028 038 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000065745

1. Corporation Name
LKQ FLORIDA, INC.

Principal Place of Business 120 N LASALLE ST. SUITE 3300N CHICAGO IL 60602	Mailing Address 120 N LASALLE ST. SUITE 3300N CHICAGO IL 60602
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1998

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 36-4241822	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	HOLSTEN, JOSEPH		
1.3 STREET ADDRESS	120 N. LASALLE ST., STE 3300		
1.4 CITY-ST-ZIP	CHICAGO, IL 60602		
2.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	CASINI, VICTOR M		
2.3 STREET ADDRESS	676 N. MICHIGAN AVE, SUITE 4000		
2.4 CITY-ST-ZIP	CHICAGO, IL 60611		
3.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	RATBERMAN, THOMAS B		
3.3 STREET ADDRESS	120 N. LASALLE ST., SUITE 3300		
3.4 CITY-ST-ZIP	CHICAGO, IL 60602		
4.1 TITLE	V	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	ERLAN, FRANK P.		
4.3 STREET ADDRESS	120 N. LASALLE ST. SUITE 3300		
4.4 CITY-ST-ZIP	CHICAGO, IL 60602		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/1/99 312 621-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)