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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000080634

1. Corporation Name

ALL TRUCK & AUTO RECYCLING, INC.

Principal Place of Business
 840 N.W. 7TH TERRACE
 FT. LAUDERDALE FL 33311

Mailing Address
 840 N.W. 7TH TERRACE
 FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

65-0867125

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
 GREENSPOON, MARDER, HIRSCHFEL
 100 WEST CYPRESS CREEK RD., SUITE 700
 FT. LAUDERDALE FL 33309

81 Name SAM Hosseini

82 Street Address (P.O. Box Number is Not Acceptable)
1569 ISLAND WAY

83 WESTON FL 33326

84 City WESTON FL 85 Zip Code 33326

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

1/8/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
 GRADIDGE, TREVOR
 10553 N.W. 53 STREET
 SUNRISE FL 33351

TITLE ☐ DELETE

D
 HOSSEINI, SAM
 1569 ISLAND WAY
 FT. LAUDERDALE FL 33326

TITLE ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

(954) 767-0847

Daytime Phone #

CR2E034 (11/98)