

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATE
AND PARTS REPORT
1995



FLORIDA DEPARTMENT OF STATE
Corporation
Annual Report
1995

DOCUMENT #
S30008 (4)

APPROVED
AND
FILED

95 MAY -1 AM 8:30

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

AMERICAN SPINALL AND PARTS, INC.

Managing Address
4794 NE 10TH AVE
OAKLAND PARK FL 33334

Managing Address
4794 NE 10TH AVE
OAKLAND PARK FL 33334

(To be filled in by filer)

3. Filing Date of Report 02/06/1991	3a. Date of Last Report 05/01/1994
4. Filing Office 65-0307712	Applied For Not Applied
5. Filing Office Fee \$8.75 Additional Fee Required	6. Filing Office Fee \$5.00 May Be Added to Fees
7. Filing Office Fee Supplemental Fee	
8. This corporation is liable for delinquent tax under 5-199-022 Delinquent Tax ☒ Yes ☐ No	

2. Managing Address 21. 4794 NE 10TH AVE 22. OAKLAND PARK FL 33334 23. 4794 NE 10TH AVE 24. OAKLAND PARK FL 33334	2a. Filing Office Fee 26. \$8.75 Additional Fee Required 27. \$5.00 May Be Added to Fees 28. Supplemental Fee 29. Delinquent Tax 30. Yes
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9. Name and Address of Current Registered Agent

SCHNITZER, RUDY
4794 N.E. 10TH AVE
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81. Name 82. Street Address (If Not Registered as Not Acceptable) 83. 4794 NE 10TH AVE 84. City Oakland Park FL 85. Zip Code 33334
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11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered agent, as required by law, and that the change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607.02 (b) of the Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS IN 12
1. NAME 2. ADDRESS 3. CITY 4. STATE 5. ZIP 6. NAME 7. ADDRESS 8. CITY 9. STATE 10. ZIP 11. NAME 12. ADDRESS 13. CITY 14. STATE 15. ZIP 16. NAME 17. ADDRESS 18. CITY 19. STATE 20. ZIP 21. NAME 22. ADDRESS 23. CITY 24. STATE 25. ZIP 26. NAME 27. ADDRESS 28. CITY 29. STATE 30. ZIP	1. NAME 2. ADDRESS 3. CITY 4. STATE 5. ZIP 6. NAME 7. ADDRESS 8. CITY 9. STATE 10. ZIP 11. NAME 12. ADDRESS 13. CITY 14. STATE 15. ZIP 16. NAME 17. ADDRESS 18. CITY 19. STATE 20. ZIP 21. NAME 22. ADDRESS 23. CITY 24. STATE 25. ZIP 26. NAME 27. ADDRESS 28. CITY 29. STATE 30. ZIP

14. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered agent, as required by law, and that the change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607.02 (b) of the Florida Statutes.

SIGNATURE: *Rudy Schnitzer* DATE: 5-31-95

SIGNATURE AND TYPE OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR