FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # V17998

1. Corporation Name: CENTRAL FLORIDA PARTS RECYCLERS, INC.

Principal Place of Business: 1980 CAMERON AVE. SANFORD, FL 32771

Mailing Address: P.O. BOX 967 SANFORD, FL 32771

2. Principal Place of Business
21 1980 N. CAMERON AVE
Suite, Apt. #, etc
22
City & State
23 SANFORD FL
Zip 24 32771 Country 25 SEMINOLE

2a. Mailing Address
26 P.O. BOX 967
Suite, Apt. #, etc.
27
City & State
28 SANFORD, FL
Zip 29 32771 Country 30 SEMINOLE

3. Date Incorporated or Qualified: 3/2/92
3a. Date of Last Report: 1995
4. FEI Number: 59 3110260 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANK C. Whigham
200 N. First Street
Suite 22
SANFORD, FL 32771

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] 6-17-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MichAEL Tumminello		1.2 NAME	
STREET ADDRESS	2215 West First Street		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771		1.4 CITY-ST-ZIP	
TITLE	V S T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JeANNE BRODY		2.2 NAME	
STREET ADDRESS	4848 SHAMAL CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RON BRODY		3.2 NAME	
STREET ADDRESS	4848 SHAMAL CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	100001875761 -06/26/96--01023--042 ***225.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	6-25-96
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Michael Tumminello 6-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)