FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

AMERICAN ATLAS WRECKING, INC.

FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
· ·					
1975 E. SUNRISE BLVD					
	OALE FL 33304	FT. LAUDERDALE FL 33304			DO NOT WRITE IN THIS SPACE
US US					3. Date Incorporated or Qualified 09/29/1992
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			65-0357923 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. 👿 Yes 🔲 No
ļ	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
1	CKSON, ALEXANDER			81 Name	
1975 EAST SUNRISE BLVD				B2 Street Add	ress (P.O. Box Number is Not Acceptable)
ST				,	
FT FT			B3		
			-	84 City	Ins. Zip Code
]	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					
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	Signature, typod or printed name of registered ag	ont and title if applicable (NOTE	Registered	Agent signature requir	red when rainstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TIT	.£	Change Addition
NAME	JACKSON, ALEXANDER		1.2 NA	ME	
STREET ADDRESS	1975 EAST SUNRISE BLVD		1.3 STF	EET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1,4 CIT	Y-ST-ZIP	
TITLE		DELETE	2.1 TITI	.E	☐ Change ☐ Addition
NAME			2.2 NA	AE .	
STREET ADDRESS			2.3 STR	REET ADDRESS	
CITY-ST-ZIP			2, 4 CI1	Y-ST-ZIP	
TITLE		☐ DELETE	3.1 T(T)		☐ Change ☐ Addition
NAME			3.2 NA	AE	·
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				Y-\$T-ZIP	j
TITLE		DELETE	4.1 T(T)	 	Change Addition
NAME		_	4. 2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		DELETE	5.1 T(T)		☐ Change ☐ Addition
NAME			5.2 NAI		
STREET ADDRESS				EET ADDRESS	
				1	
CITY-ST-ZIP TITLE		DELETE	5.4 CH	Y-ST-ZIP	☐ Change ☐ Addition
NAME		D.C.L.	1]	
			6.2 NAI	1	i
STREET ADDRESS				EET ADORESS	
CATY - ST - ZAP			6.4 CIT	Y-ST-ZIP	

14. Thereby 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 occiver 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

Paril 1 1998 518-374-3366