

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V67267

1. Corporation Name

AMERICAN ATLAS WRECKING, INC.

Principal Place of Business

1975 E. SUNRISE BLVD  
STE. 604  
FT. LAUDERDALE FL 33304  
US

Mailing Address

1975 E. SUNRISE BLVD  
STE. 604  
FT. LAUDERDALE FL 33304  
US

2. Principal Place of Business

21 745 N.E. 20th Avenue

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33304

Country

25 US

2a. Mailing Address

26 2754 Aqueduct Rd.

Suite, Apt. #, etc.

27

City & State

28 Schenectady, N.Y.

Zip

29 12309

Country

30 US

9. Name and Address of Current Registered Agent

JACKSON, ALEXANDER  
1975 EAST SUNRISE BLVD  
STE 604  
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified

09/29/1992

4. FEI Number

65-0357923

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

745 N.E. 20th Avenue

84 City

Ft. Lauderdale, FL

85 Zip Code

33304

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

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JACKSON, ALEXANDER  
STREET ADDRESS 1975 EAST SUNRISE BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

745 N.E. 20th Avenue  
Ft. Lauderdale, FL 33304

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander M. Jackson Pres

4-6-99

Date

518-374-3366

Daytime Phone #

0281570

CR2E034 (1/98)

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90099 030 \*\*\*150.00



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