

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

DOCUMENT # **387074** (8)

1. Corporation Name

FOREIGN PARTS DISTRIBUTORS, INC.



Principal Place of Business

**545 WEST 18TH ST
HALEAH FL 33010**

Mailing Address

**545 WEST 18TH ST
HALEAH FL 33010**

3. Date Incorporated or Qualified
08/18/1971

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-1356409

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

**FEIG, ROBERT S.
10120 W. BROADVIEW DRIVE
BAY HARBOR ISLE FL 33154**

10. Name and Address of New Registered Agent

81 Name **FEIG, ROBERT S.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **545 W 18TH STREET**
84 City **HALEAH** FL 85 Zip Code **33010**

11. Pursuant to the provisions of Sections 607.0702 and 607.1503, 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 of Registered Agent (If Registered Agent is not applicable)

Signature of Registered Agent (If Registered Agent is not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FEIG, EVA F.	
STREET ADDRESS	10120 W. BROADVIEW DR.	
CITY, ST, ZIP	BAY HARBOR ISLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FEIG, RYAN O.	
STREET ADDRESS	10120 W. BROADVIEW DR.	
CITY, ST, ZIP	BAY HARBOR ISLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEIG, ROBERT S	
STREET ADDRESS	10120 W BROADVIEW DR	
CITY, ST, ZIP	BAY HARBOR ISL, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FEIG, RYAN O.
2.3 STREET ADDRESS	545 W 18TH STREET
2.4 CITY, ST, ZIP	HALEAH, FL. 33010
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten Signature
2/22/96

CR2E034 (12/95)