

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **442092** (3)
1. Corporation Name
BROTHERS ALL AUTO PARTS, INC.

Principal Place of Business Mailing Address
**1351 SOUTH DIXIE HWY 9E
POMPANO FL 33060** **1351 SOUTH DIXIE HWY 9E
POMPANO FL 33060**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/20/1973** 3a. Date of Last Report **03/21/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1501143	<input type="checkbox"/> Not Applicable
State, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under §. 199.0332, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
City	Country	24	25
29	30	29	30

9. Name and Address of Current Registered Agent

**WALLACE, RONALD R.
1728 N.W. 38TH COURT
33309**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

PRINTED Registered Agent Signature (Required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, RONALD R	12 NAME	
STREET ADDRESS	1728 NW 38TH CT	13 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE, FL 33309	14 CITY, ST, ZIP	
TITLE	VT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, RONNIE A	22 NAME	
STREET ADDRESS	1728 NW 38TH CT	23 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE, FL 33309	24 CITY, ST, ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, RONALD R.	32 NAME	
STREET ADDRESS	1728 NW 38TH CT.	33 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 Sections 118.07(2)(b), 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. 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 addition.

SIGNATURE *Ronald R. Wallace* **RONALD R. WALLACE** 4-24-95 305-946-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR