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Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 538949 (9)

1. Corporation Name  
JOE'S TRUCK PARTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 17361 E HWY 50 P.O. BOX 536521 ORLANDO FL 32853		Mailing Address 17361 E HWY 50 P.O. BOX 536521 ORLANDO FL 32853	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 P.O. Box 536521	
22 City & State		27 Suite, Apt. #, etc.	
23 City & State		28 Orlando, Florida	
24 Zip		29 32853	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent			
SCHICK, DAVID L. 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801			
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 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	PD	1.1 TITLE	
NAME	DENBERG, JOSEPH I.	1.2 NAME	
STREET ADDRESS	231 TROTTERS DRIVE WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	DENBERG, SHERI	2.2 NAME	
STREET ADDRESS	231 TROTTERS DRIVE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	DENBERG, JOSEPH	3.2 NAME	
STREET ADDRESS	231 TROTTERS DRIVE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Sheri Denberg* (Sheri Denberg)

1-7-98

(407) 568-2148

CR2E034 (10/97)