

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G33794** (0)

1. Corporation Name

**W P M AUTOMOTIVE DISTRIBUTORS, INC.**

Principal Place of Business

**5638 SW 25TH STREET  
HOLLYWOOD FL 33023**

Mailing Address

**5638 SW 25TH STREET  
HOLLYWOOD FL 33023**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip Country 30

9. Name and Address of Current Registered Agent

**SIMONS, JEROME A.  
4601 SHERIDAN ST. STE 500  
HOLLYWOOD FL 33021**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

**04/19/1983**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2288268**

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributor

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, Florida Statutes, the undersigned hereby certifies the statement for the purpose of changing its registered office or registered agent, as to its, in the State of Florida. Said change was authorized by the corporation, its board of directors, or its duly appointed and registered agent. I am familiar with, and accept the obligations of Sections 607.1506, Florida Statutes.

SIGNATURE

X

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANGEL, EDWIN	
STREET ADDRESS	5638 SW 25TH ST.	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct, and that I am an officer or director of the corporation, or a duly appointed and registered agent, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this filing.

SIGNATURE

*Edwin Langel* X 03-26-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)