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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MZ9401

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90049 001 ***150.00

 Corporation 	n Name FIED AUTO PARTS, INC.			
Principal Place	e of Business	Mailing Address		4 8 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
809 PARK STRE CLEARWATER F US	i.	809 PARK STREET CLEARWATER FL 33756 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				04/28/1988
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	4	26	<u>-</u>	59-2928018 Not Applicable
Suite, Apt.	#, etc. *	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
22		27 Cit. 8 Ctata		
City & State	e . <u>*</u>	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 7in	Country	28	Country	This corporation owes the current year Intangible
. Zip	; # r—	├ ─ `	30	Personal Property Tax.
24	9. Name and Address of Currer	1	, v	10. Name and Address of New Registered Agent
	5. Nation and Address of Curren	it izadioraton whenr	81 Name	a Ja Baillean
LEE.	ROBERT E.			
	WINCHESTER RD		82 Street	Address (P.O. Box Number is Not Acceptable)
	ARWATER FL 34615		83	· · · · · · · · · · · · · · · · · · ·
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26	:		84 City	FL 85 Zip Code
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

DELETE