

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000073413 (4)

1. Corporation Name:
AUTO PARTS INVENTORY OF AMERICA, INC.



Principal Place of Business
**7511 75TH WAY
W PALM BEACH FL 33407
US**

Mailing Address
**7511 75TH WAY
W PALM BEACH FL 33407-6736
US**

3. Date Incorporated or Qualified: **10/06/1994**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **65-0553974**
Applied For: Not Applicable

21. Suite, Apt #, etc.

26. Suite, Apt #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

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

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIULIANTI, STACEY A ESQ.
300 N.W. 70TH AVE.
SUITE 200
PLANTATION FL 33324**

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, WILLIAM	
STREET ADDRESS	7511 75TH WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZIMMERMANN, WILLIAM K	
STREET ADDRESS	1361 WYNDCLIFF DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7511 - 75TH WAY
2.4 CITY-ST-ZIP	W. PALM BEACH, FL 33407
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 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 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: *William Zimmerman* **2/16/97** **1-800-741-7479**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)