


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90011 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P98000043741** ✓OK

1. Corporation Name

BEST USED AUTO PARTS, INC.

Principal Place of Business Mailing Address  
 301 North Ferncreek Ave.  
 Orlando, Florida 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 05/14/98

2. Principal Place of Business 2a. Mailing Address  
 21 18725 FIFTH AVE. 26 18725 FIFTH AVE.

4. FEI Number Applied For  
 59-3511494 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27

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

City & State City & State  
 23 Orlando, Florida 28 Orlando, Florida

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

Zip Country Zip Country  
 24 32820 25 29 32820 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

McClary, George C.  
 301 North Ferncreek Ave.  
 Orlando, Fl. 32803

81 Name MOHAMAD ZALIKHA  
 82 Street Address (P.O. Box Number is Not Acceptable) 9305 SW 90 Street  
 83  
 84 City MIAMI, FL 85 Zip Code 33176

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 *Mohamad Zalikhha* MOHAMAD ZALIKHA, President 4/26/99  
Signature, typed or printed name of registered agent, officer, director, or applicant. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	Hamzeh, Mohamed I <input type="checkbox"/> DELETE
NAME	18725 Fifth Ave.
STREET ADDRESS	Orlando, Fl. 32820
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	Mohamad Zalikhha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	9305 SW 90 Street
1.3 STREET ADDRESS	Miami, Fl. 33176
1.4 CITY-ST-ZIP	
2.1 TITLE V	Ahmad N. Zalikhha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	18725 Fifth Ave.
2.3 STREET ADDRESS	Orlando, Fl. 32820
2.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Mohamad Zalikhha* Mohamad Zalikhha, President 4/26/99 (305)592-9493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)