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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

121108

(5)

MOTOR SUPPLY INC

Original Place of	Puninger	Mailing Address			
Principal Place of Business Mailing Address 6952 S W 40 CT 6952-S-W-40					
6952 S W 40 CT MIRAMAR FL 33023		MIRAMAR FL 33023			
				3. Date Incorporated or Qualified 11/04/1929	3a. Date of Last Report 04/25/1995
, Principal Place	e of Business	2a. Mailing Address		4. FEI Number	Applied For
]		26 671 N.W	SAN REMO CIRCI	59-0271970	Not Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
]		27			— Fee Required
City & State		City & State	. 46	6. Election Campaign Financing	\$5.00 May Be Added to Fees
<u> </u>		28 PORT ST. L	UCIB FL	Trust Fund Contribution 8. This corporation has liability for it	Added to rees
Zıp T	Country	⊢ • • • •	30 U.S.A		No
	g. Name and Address of Curre		30 001 31 77	10. Name and Address of New R	
	g, ttaine energes en		81 Name		
ANIAED	LODDANIE		20 0	ddress (P.O. Box Number is Not Acceptab	le)
	LORRAINE 47 40 CT		82 Street Ac	odress (F.O. Box Number is Not Accepted	10)
6952 SV			63		
MIKAMA	AR FL 33023				85 Zip Code
			84 City		FL 85 Zip Code
1 Dureuani to	the provisions of Sections 607 050	02 and 607 1508. Florida Statut	les, the above-named corp	poration submits this statement for the pur	nose of changing its registered of
ar registered	diagont or both in the State of Ele	onda. Such change was aufhorit	zed by the corporation's D	oard of directors. I hereby accept the appoint	ointment as registered agent. I am
familiar with,	, and accept the obligations of, Se	ection 607.0505, Florida Statute	S.		
IGNATURE	consture. I hand or printed name of registered and	ent and title if applicable (N	OTE: Registered Agent signature req	uired when reinstating)	DATE
Sıç	gnature, typed or printed name of registered ago OFFICERS A	ent and title if applicable (NI	OTE: Registered Agent signature req	(uired when reinstalling) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
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SIGNATURE:

Stylian Mills
AME OF SIGNING OFFICER OR DIRECTOR

4/20/96 (409) 340-3193