

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 156695 (9)

1. Corporation Name

MICHAEL AUTO PARTS INCORPORATED

Principal Place of Business

Mailing Address

1301 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

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ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1949  
3a. Date of Last Report 04/29/1994

4. FEI Number 59-0590085  
Applied For Not Applicable

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

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, STEPHEN M.  
322 EAST PINE STREET  
ORLANDO FL 32801

81 Name Stephen M. Stone  
82 Street Address (P.O. Box Number is Not Acceptable) 725 W. Magnolia  
83  
84 City Deland FL 85 Zip Code 32823

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HARROW, NEIL  
STREET ADDRESS 1301 S ORANGE BLOS. TR.  
CITY - ST - ZIP ORLANDO, FL 0

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ST  
NAME HARROW, SHARON  
STREET ADDRESS 1301 S ORANGE BLOS. TR.  
CITY - ST - ZIP ORLANDO, FL 0

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 300001483893  
2.4 CITY - ST - ZIP -05/17/95--01016--012  
\*\*\*\*225.00 \*\*\*\*225.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that I am 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 any attachment with an address.

SIGNATURE: *Neil Harrow* 5/9/95 407423-1695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)