

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **158632** (0)

1. Corporation Name
ORLANDO MOTOR PARTS INC



Principal Place of Business: **1207 WEST CENTRAL AVENUE
P.O. BOX 685
ORLANDO FL 32802-7685**

Mailing Address: **1207 WEST CENTRAL AVENUE
P.O. BOX 685
ORLANDO FL 32802-7685**

3. Date Incorporated or Qualified: **07/26/1949**

3a. Date of Last Report: **05/12/1995**

4. FEI Number: **59-0600354**

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**LEMUEL C. JOHNSON
1207 WEST CENTRAL AVENUE
ORLANDO FL 32802-0685**

10. Name and Address of New Registered Agent

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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P JOHNSON, LEMUEL C JR 1207 W CENTRAL AVE. ORLANDO FL 32802-0685	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2. NAME		
STREET ADDRESS			3. STREET ADDRESS		
CITY-ST-ZIP			4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. NAME		
STREET ADDRESS			7. STREET ADDRESS		
CITY-ST-ZIP			8. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY-ST-ZIP			12. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY-ST-ZIP			16. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY-ST-ZIP			20. 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 119.07(3)(a), 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: *Lemuel C. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96 407-423-4443
DATE OF FILING DATE OF REPORT

CR2E034 (12/95)