SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 209712 (9)

1. Corporation Name
AMPHIBIAN PARTS, INC.

Principal Place of Business
3402 SW 9TH AVE
FT LAUDERDALE FL 33315
US

Mailing Address
3402 SW 9TH
FT LAUDERDALE FL 33315
US

3. Date Incorporated or Qualified: 02/10/1958
3a. Date of Last Report: 07/13/1995
4. FEI Number: 59-0828128 ☐ 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
21 15195 N.E. 21ST AVENUE
Suite, Apt. #, etc
22
City & State
23 N. MIAMI BEACH, FL
Zip
24 33162
Country
25 USA

2a. Mailing Address
26 15195 N.E. 21ST AVENUE
Suite, Apt. #, etc
27
City & State
28 N. MIAMI BEACH FL
Zip
29 33162
Country
30 USA

9. **Name and Address of Current Registered Agent**

FRANKLIN, JEANNE
3402 SW 9TH AVE
FT LAUDERDALE FL 33315

10. **Name and Address of New Registered Agent**
81 Name: FRANKLIN, JEANNE
82 Street Address (P.O. Box Number is Not Acceptable): 15195 N.E. 21ST AVENUE
83
84 City: N. MIAMI BEACH **FL**
85 Zip Code: 33162

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 reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	FRANKLIN,DEAN H	
STREET ADDRESS	3402 SW 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	☐ DELETE
NAME	FRANKLIN, JEANNE	
STREET ADDRESS	3402 SW 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☑ Change ☐ Addition
1.2 NAME	FRANKLIN DEAN H.	
1.3 STREET ADDRESS	15195 N.E. 21ST AVE	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
2.1 TITLE	PD	☑ Change ☐ Addition
2.2 NAME	FRANKLIN, JEANNE	
2.3 STREET ADDRESS	15195 N.E. 21ST AVENUE	
2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanne Franklin JEANNE FRANKLIN 8/1/96 305 949-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085040 CP