

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 10:14

DOCUMENT # 238215 (8)

1. Corporation Name

PALM BEACH AUTO PARTS INC

Principal Place of Business

**1103 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33401**

Mailing Address

**1103 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1960

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21 16 TOURNAMENT BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 16 TOURNAMENT BLVD
Suite, Apt. #, etc.

4. FEI Number

59-0901123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

City & State

23 Palm Beach Gardens FL

Zip

24 33418

Country

25 Palm Beach

City & State

28 Palm Beach Gardens FL

Zip

29 33418

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

**SMITH, HOWARD L
16 TOURNAMENT BLVD
PALM BCH. GDNS. FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 in printed name of registered agent and (if applicable)

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
SMITH, HOWARD L
16 TOURNAMENT BLVD
PALM BCH. GDNS. FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SMITH, NANCY P.
16 TOURNAMENT BLVD
PALM BCH GARDENS FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 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: Nancy P. Smith, Secy./Trans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95 407-694-2747
Date Telephone Number