

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90036 001 ***150.00

DOCUMENT # 238215

1. Corporation Name
PALM BEACH AUTO PARTS INC

Principal Place of Business
~~16 TOURNAMENT BLVD~~
PALM BEACH GARDENS FL 33418
US

Mailing Address
~~16 TOURNAMENT BLVD~~
PALM BEACH GARDENS FL 33418
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1960

4. FEI Number

59-0901123

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 429 EAGLETON Cove Way

Suite, Apt. #, etc.
Palm Beach Gardens,

City & State

23 FL

Zip

24 33418-

Country

25 Palm Bch

2a. Mailing Address

26 429 EAGLETON Cove Way

Suite, Apt. #, etc.
Palm Beach Gardens,

City & State

28 FL

Zip

29 33418

Country

30 Palm Bch

9. Name and Address of Current Registered Agent

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

81 Name

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

429 EAGLETON Cove Way

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 Nancy S. Smith, Sec./Treas.

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 PVD ☐ DELETE

NAME SMITH, HOWARD L

STREET ADDRESS ~~16 TOURNAMENT BLVD~~

CITY-ST-ZIP PALM BCH. GDNS. FL

TITLE STD ☐ DELETE

NAME SMITH, NANCY P.

STREET ADDRESS ~~16 TOURNAMENT BLVD~~

CITY-ST-ZIP PALM BCH GARDENS FL

TITLE VP ☐ DELETE

NAME SMITH, DINA M

STREET ADDRESS ~~16 TOURNAMENT BLVD~~

CITY-ST-ZIP PALM BCH GARDENS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

429 EAGLETON Cove Way

PALM BEACH GARDENS, FL. 33418

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

429 EAGLETON Cove Way

PALM BEACH GARDENS, FL. 33418

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

429 EAGLETON Cove Way

PALM BEACH GARDENS, FL. 33418

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Nancy S. Smith SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 561 694 2747

Date

Daytime Phone #

CR2E034 (11/98)