

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 242583

1. Corporation Name

UNIVERSAL PARTS WAREHOUSE, INC.

1-30-96 (3) 0508 LC



Principal Place of Business

18 N. PARRAMORE
P.O. BOX 1583
ORLANDO FLORIDA 32802

Mailing Address

18 N. PARRAMORE
P.O. BOX 1583
ORLANDO FLORIDA 32802

3. Date Incorporated or Qualified

12/05/1960

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0934216

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

L B MICHAEL JR.
4101 WINTERWOOD CT
ORLANDO FLORIDA FL

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 607.0602 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

Signature of Registered Agent or other person authorized to accept liability

Signature of Registered Agent (required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
MICHAEL JR, L B
4101 WINTERWOOD CT
ORLANDO FL

DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
MICHAEL, STEVEN J
3522 E KALEY
ORLANDO FL

DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
MICHAEL, DORIS H
4101 WINTERWOOD CT
ORLANDO FL

DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

14. CITY-ST-ZIP

PD
MICHAEL, JR. L. B.
3203 MISTY MORN COURT
ST. CLOUD, FLA. 34771

Change Addition

2. TITLE

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

V
MICHAEL, STEVEB J.
5371 CROOKED OAK CIRCLE
ST. CLOUD, FLA. 34771

Change Addition

3. TITLE

3. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

S
MICHAEL, DORIS M
3203 MISTY MORN COURT
ST. CLOUD, FLA. 34771

Change Addition

4. TITLE

4. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

Change Addition

5. TITLE

5. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

Change Addition

6. TITLE

6. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this form 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 and any 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L B Michael Jr

01-27-96

1-407-841-7440

CR2E034 (12/95)