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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 246471 (7)
 1. Corporation Name
CORBETT MOTOR SUPPLY INC



Principal Place of Business Mailing Address
1107 W. CHURCH ST. ORLANDO FL 32805 **1107 W. CHURCH ST. ORLANDO FL 32805-2217**

3. Date incorporated or Qualified **04/12/1961** 3a. Date of Last Report **04/24/1996**

21. Principal Place of Business 1106 W. PINE ST.	2a. Mailing Address 1106 W. PINE ST.	4. FEI Number 59-0920330	Applied For <input type="checkbox"/> Not Applicable
22. City & State Orlando, FL	27. City & State ORLANDO, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 32805	28. Zip 32805	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country Orange	30. Country Orange	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FEUERBACHER, JUNE K
1107 W CHURCH ST
1107 W. CHURCH ST.
ORLANDO FL 32805

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1106 W. PINE ST.**
 84 City **Orlando** FL 85 Zip Code **32805**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEUERBACHER, FRITZ W		1.2 NAME	
STREET ADDRESS 853 DOVER RD		1.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARUSO, J.T., SR.		2.2 NAME	
STREET ADDRESS 5501 BARTON DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEUERBACHER, JUNE K		3.2 NAME	
STREET ADDRESS 853 DOVER RD		3.3 STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: June K. Feuerbacher **JUNE K. Feuerbacher** 4/15/97 (407) 423-5552
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E034 (9/96)