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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 269801

(7)

DEL PRADO PARTS & SERVICE, INC. Principal Place of Business Mailing Address 5310 S.W. 11TH CT. 5310 S.W. 11TH CT. CAPE CORAL FL 33914 CAPE CORAL FL 33914 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1963 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-1006216 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yos ☐ No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RECCA, VINCENT 5310 S.W. 11TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33914 63 84 City Zip Code 85 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. Section 607.0505, Florida Statutes. egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change NAME RECCA, VINCENT 1.2 NAME 5310 S.W. 11TH CT. STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 THILE NAME RECCA, DORRIE 2.2 NAME STREET ADDRESS 5310 S.W. 11TH CT. 2.3 STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE S 1 DITE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

William Person Parish + 4/1/00 (OU) NO-702

FILED

Apr 07 1998 8:00am

Secretary of State