

FILE NOW: FILING FEE \$10.00 PER PAGE FOR 10 \$100.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # 330659 (4)
1. Corporation Name
BUFFALO AUTO PARTS INC

Principal Place of Business
5411 BUFFALO AVENUE
JACKSONVILLE FL 32208

Mailing Address
P. O. BOX 3217
JACKSONVILLE FL 32206
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/28/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		50-1296781	
24 Country		30 Country		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 or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANSEN, DONALD 5412 BUFFALO AVE JACKSONVILLE FL 32208				81 Name Hansen, Joan			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				5412 Buffalo Ave			
				83			
				84 City Jacksonville			
				FL			
				85 Zip Code 32208			

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 Joan Hansen, Pres. 1-6-98
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	PD	Change	Addition
NAME	HANSEN, DONALD P.			1.2 NAME	Hansen, Joan		
STREET ADDRESS	8714 BUFFALO AVE.			1.3 STREET ADDRESS	6714 Buffalo Ave.		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville FL 32208		
TITLE	ST	DELETE		2.1 TITLE		Change	Addition
NAME	HANSEN, JOAN			2.2 NAME			
STREET ADDRESS	8714 BUFFALO AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE		Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Joan Hansen, Pres. 1-6-98 (R11) 359 9/1/14

CR2E034 (10/97)