

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

FILED

**Feb 21 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 # 333974 (4)

1. Corporation Name ORLANDO AUTO PARTS & SERVICE INC



Principal Place of Business: **1092 B E MICHIGAN STREET ORLANDO FL 32806**
Mailing Address: **1092 B E MICHIGAN STREET ORLANDO FL 32806-4798**

3. Date Incorporated or Qualified: **08/16/1968**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.
4. FEI Number: **59-1220607**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PASKIN, SAM 1092 B EAST MICHIGAN STREET ORLANDO FL 32806**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 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	PASKIN, SYLVIA	1.2 NAME	
STREET ADDRESS	1092 B EAST MICHIGAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKIN, STEVEN	2.2 NAME	
STREET ADDRESS	9741 SALINE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BCH. CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKIN, RICHARD	3.2 NAME	
STREET ADDRESS	601 ELMWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE, ILL 00000	3.4 CITY-ST-ZIP	
TITLE	PVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKIN, SAM	4.2 NAME	
STREET ADDRESS	1092 B EAST MICHIGAN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	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: Sylvia Paskin / SYLVIA PASKIN 2/14/97 (407) 425-5329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)