

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 333974

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

FILED
Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90019 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1968

4. FEI Number

59-1220607

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STD
PASKIN, SYLVIA
STREET ADDRESS
1092 B EAST MICHIGAN ST
CITY-ST-ZIP
ORLANDO, FL 00000

TITLE ☐ DELETE

NAME
D
PASKIN, STEVEN
STREET ADDRESS
9741 SALINE
CITY-ST-ZIP
HUNTINGTON BCH. CA

TITLE ☐ DELETE

NAME
D
PASKIN, RICHARD
STREET ADDRESS
601 ELMWOOD
CITY-ST-ZIP
WILMETTE, ILL 00000

TITLE ☐ DELETE

NAME
PVD
PASKIN, SAM
STREET ADDRESS
1092 B EAST MICHIGAN ST
CITY-ST-ZIP
ORLANDO, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Sylvia Paskin / SYLVIA PASKIN

1/13/99

(407) 425-5329

Date

Daytime Phone #

CR2E034 (11/98)